



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>





SPA
Journal

SOCIAL HYGIENE

VOLUME VII

1921

**PUBLISHED QUARTERLY
AT MENASHA, WISCONSIN, FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL AND GENERAL OFFICES
370 SEVENTH AVENUE, NEW YORK**

(SUPPLEMENT TO SOCIAL HYGIENE, VOL. VII, No. 4, OCTOBER 1921)

52299A

Copyright 1921 by
The American Social Hygiene Association, Inc.

CONTENTS

BY AUTHOR, TITLE, AND SUBJECT

A (*) in front of page reference indicates an original article.

- Abortion, Frequency and cause of. A. W. Meyer. 475.
- Age, sex, and marriage in relation to incidence. R. S. Patterson. *457.
- American Genetic Association. 346.
- American Hospital Association. 312.
- American Negro and social hygiene. C. V. Roman. *41.
- Antivenereal campaign: education of educators. H. Gougerot. 475.
- Ashburn, Percy M. The social hygiene program of the army. *23.
- Bell, Alexander Graham. Is race suicide possible? 337.
- Benson, E. F. Sex education for school-boys. 484.
- Blaschko, A. A new law for the combating of venereal disease. 344: (Ein neues Gesetz zur Bekämpfung der Geschlechtskrankheiten.)
- Bernstein, Charles. Colony care for isolation and dependent cases. *55.
- Biological bearing of army mental tests. A. H. Estabrook. *279.
- Black troops on the Rhine. 340.
- Boldrini, Marcello. Some dysgenical effects of the war in Italy. *265.
- Brehmer, Helen E. See Stokes, John H. and H. E. Brehmer.
- British National Birth-Rate Commission. Society becoming self-conscious. B. C. Gruenberg. *297.
- Campbell, C. Macfie. The coeducation of children and parents. 239.
- Clark, Mary A. See Dublin, Louis I. and M. A. Clark.
- Clarke, Walter. New legislation for control of venereal disease, Part II. 243.
- Claxton, Philander, P. The educational imperative. 166.
- Cleveland Survey. 246.
- Clinics
- Present status of venereal disease clinics. J. W. Hart. 242.
- Special treatment clinics for venereal diseases. 117.
- Coeducation of children and parents. C. M. Campbell. 239.
- Collins, Joseph. Syphilitic scars of the spirit. 241.
- Colony care for isolation and dependent cases. C. Bernstein. *55.
- Conflicting ideals of public health and family welfare. O. M. Lewis. 339.
- Cook, W. G. H. English and foreign law in relation to mental disorder. 472.
- Cooke, J. V. See Jeans, Philip G. and J. V. Cooke.
- Cost of venereal disease to industry. R. H. Everett. 112.
- Darwin, Leonard. Memorandum on the consideration of heredity at the Ministry of Health. 104.
- Davenport, Charles B. and A. G. Love. Defects found in drafted men. 105.
- Davenport, Charles B. Heredity and constitutional mental disorders. 239.
- Defects found in drafted men. C. B. Davenport and A. G. Love. 105.
- Delinquency
- Colony care for isolation and dependent cases. C. Bernstein. *55.
- Essential sociological equipment of workers with delinquents. A. J. Todd. *13.
- Distribution of wealth as a eugenicist sees it. R. H. Johnson. *255.
- Dominican Republic, Prevalence of venereal diseases in. J. W. Vann and B. Groesbeck. 118.

- Donaldson, Elise. Syphilis as a cause of insanity. 240.
- Döring, Christian. Population and the world war. 121.
- Drug addiction, Has prohibition increased? C. F. Stoddard. 240.
- Dublin, Louis I. and M. A. Clark. A program for the statistics of the venereal diseases. *413.
- Educational imperative. P. P. Claxton. 166.
- Eliot, Charles W. Present and future of social hygiene in America. 340.
- Ellis, Havelock. The play function of sex. 339.
- English and foreign law in relation to mental disorder. W. G. H. Cook. 472.
- Essential sociological equipment of workers with delinquents. A. J. Todd. *13.
- Estabrook, Arthur. The biological bearing of army mental tests. *279.
- Eugenics
- American Genetic Association. 346.
- Distribution of wealth as a eugenicist sees it. R. H. Johnson. *255.
- Eugenic value of the social center. 338.
- Eugenics and religion. W. R. Inge. 337.
- Eugenics in the Central Empires since 1914. G. von Hoffman. *285.
- International Eugenics Congress. 249, 347.
- Is race suicide possible? A. G. Bell. 337.
- Memorandum on the consideration of heredity at the Ministry of Health. L. Darwin. 104.
- "Reversed insurance." H. H. Noyes. 347.
- Sins of industry against the race. H. Lundborg. *303.
- Some dysgenical effects of the war in Italy. M. Boldrini. *265.
- When shall eugenic instruction begin? 338.
- Everett, Ray H. The cost of venereal disease to industry. 112.
- Fanz, John I. See Rosenberger, Randle C. and J. I. Fanz.
- Flexner, Simon. William Henry Welch. A biographical sketch. 103.
- Freedom of a city. A year in Grand Rapids without unemployment, low wages, and drink. 109.
- Frequency and cause of abortion. A. W. Meyer. 475.
- Gallahad, knight who perished. V. Lindsay. 48.
- Galloway, Thomas W. The responsibilities of religious leaders in sex education. *139.
- Germany
- Black troops on the Rhine. 340.
- Germany officially standardizes the Wassermann reaction. 346.
- New law for the combating of venereal disease. A. Blaschko. 344.
- Gibbons, James Cardinal. *158.
- Gougerot, H. The antivenereal campaign: education of educators. 475.
- The saprophytism of venereal organisms and its dangers. 114.
- Gould, Kenneth M. Progress, 1920-21. *313.
- Grand Rapids, a year without unemployment, low wages, and drink in. 109.
- Grinberg, Suzanne. The present condition of women and the progress realized since 1913. 120.
- Groesbeck, B. See Vann, J. W. and B. Groesbeck.
- Gruenberg, Benjamin C. Society becoming self-conscious. *297.
- Harris, Vivian H. The status of sex education in public educational institutions. *167.
- Hart, John W. The present status of venereal disease clinics. 242.
- Has prohibition increased drug addiction? C. F. Stoddard. 240.
- Hata, S. On the ravages of congenital syphilis and its prevention. 477.
- Heredity of constitutional mental disorders. C. B. Davenport. 239.
- Hoffman, Geza von. Eugenics in the Central Empires since 1914. *285.
- Hospital Library and Service Bureau. 251.
- Hospitals and venereal diseases. 312.

Illegitimacy

- Is "stigma" removable? A. E. Sheffield. *49.
- Mental hygiene aspects of illegitimacy. M. E. Kenworthy. 473.
- Practicable ideal of protection and care for children born out of wedlock. R. F. Keegan. 109.
- Inge, W. R. Eugenics and religion. 337.
- International Conference on Traffic in Women and Children. 480.
- International Eugenics Congress. 249, 347.
- International venereal-disease statistics. K. Stouman. *435.
- Is race suicide possible? A. G. Bell. 337.
- Italy, Some dysgenical effects of the war in. M. Boldrini. *265.
- Jeans, Philip G. and J. V. Cooke. A study of the incidence of hereditary syphilis. 115.
- Johnson, Roswell H. The distribution of wealth as a eugenicist sees it. *255.
- Keegan, Robert F. The practicable ideal of protection and care for children born out of wedlock. 109.
- Kenworthy, Marion E. The mental hygiene aspects of illegitimacy. 473.
- Kraetzer, Arthur F. Syphilis and the periodic examination. 116.
- Lambeth Conference report. 123.
- Lashley, Karl S. and J. B. Watson. A psychological study of motion pictures in relation to venereal disease campaigns. *181.
- Laughlin, Harry H. The socially inadequate: how shall we designate and sort them? 472.
- League of Red Cross societies, Medical advisory board. 22.
- Legislation**
- English and foreign law in relation to mental disorder. W. G. H. Cook. 472.
- New law for the combating of venereal disease. A. Blaschko. 344.

- New law for the control of venereal disease. Part II. W. Clarke. 243.
- Lewis, Ora Mabelle. Conflicting ideals of public health and family welfare. 339.
- Lindsay, Vachel. Galahad, knight who perished. 48.
- Love, Albert G. See Davenport, Charles B. and A. G. Love.
- Lundborg, Herman. The sins of industry against the race. *303.
- MacAlister, Charles J. What venereal diseases cost the community. *1.
- McCord, Cary P. and D. Minster. The pregnant woman in industry. 474.
- Marcus, Lawrence. The present prevalence of venereal diseases. 441.
- Medical advisory board, League of Red Cross societies. Photograph. 22.
- Mental disorders**
- English and foreign law in relation to mental disorder. W. G. H. Cook. 472.
- Heredity of constitutional mental disorders. C. B. Davenport. 239.
- Syphilis as a cause of insanity. E. Donaldson. 240.
- Mental hygiene aspects of illegitimacy. M. E. Kenworthy. 473.
- Mental tests, Biological bearing of army. A. H. Estabrook. *279.
- Meyer, Arthur W. The frequency and cause of abortion. 475.
- Morals court of Chicago. G. E. Worthington and R. Topping. *351.
- Motion pictures in relation to venereal disease campaigns, Psychological study of. K. S. Lashley and J. B. Watson. *181.
- Negroes**
- American Negro and social hygiene. C. V. Roman. *41.
- Black troops on the Rhine. 340.
- New emphasis in social hygiene education. H. A. Wembridge. *159.
- New law for the combating of venereal disease. A. Blaschko. 344.

- New legislation for the control of venereal disease. Part II. W. Clarke. 243.
- New researches on the *Treponema pallidum*. R. C. Rosenberger and J. I. Fanz. 126.
- North European Conference. 478.
- Northcote, Hugh. The social value of the study of sex psychology. 125.
- Noyes, Hilda H. "Reversed insurance." 347.
- On the ravages of congenital syphilis and its prevention. S. Hata. 477.
- Patterson, Raymond S. Age, sex, and marriage in relation to incidence. *457.
- Play function of sex. H. Ellis. 339.
- Population and the world war. C. Döring. 121.
- Practicable ideal of protection and care for children born out of wedlock. R. F. Keegan. 109.
- Pregnant woman in industry. C. P. McCord and D. Minster. 474.
- Present and future social hygiene in America. C. W. Eliot. 340.
- Present condition of women and the progress realized since 1913. S. Grinberg. 120.
- Present prevalence of venereal diseases. L. Marcus. *441.
- Present status of venereal disease clinics. J. W. Hart. 242.
- Prevalence of venereal disease in the Dominican Republic. J. W. Vann and B. Groesbeck. 118.
- Progress, 1920-21. K. M. Gould. *313.
- Prohibition
- Freedom of a city. A year in Grand Rapids without unemployment, low wages, and drink. 109.
- Has prohibition increased drug addiction? C. F. Stoddard. 240.
- Psychological study of motion pictures in relation to venereal disease campaigns. K. S. Lashley and J. B. Watson. *181.
- Public health activity and private practice in venereal disease control. J. H. Stokes. 243.
- Religion, Eugenics and. W. R. Inge. 337.
- Religious leaders in sex education, Responsibilities of. T. W. Galloway. *139.
- Responsibilities of religious leaders in sex education. T. W. Galloway. *139.
- "Reversed insurance." H. H. Noyes, 347.
- Roman, Charles V. The American Negro and social hygiene. *41.
- Rosenberger, Randle C. and J. I. Fanz. New researches on the *Treponema pallidum*. 126.
- Saprophytism of venereal organisms and its dangers. H. Gougerot. 114.
- Sex education
- New emphasis in social hygiene education. H. A. Wembridge. *159.
- Responsibilities of religious leaders in sex education. T. W. Galloway. *139.
- Sex education for schoolboys. E. F. Benson. 484.
- Sex education in high schools. 471.
- Status of sex education in public educational institutions. V. H. Harris. *167.
- Sex psychology, Social value of the study of. H. Northcote. 125.
- Sex, The play function of. H. Ellis. 335.
- Shanghai, Vice conditions in. 129.
- Sheffield, Ada E. Is "stigma" removable? *49.
- Sins of industry against the race. H. Lundborg. *303.
- Social background of the disease problem. 250.
- Smith, C. Morton. The vanishing lesion: a new problem in teaching. 241.
- Social hygiene
- American Negro and social hygiene. C. V. Roman. *41.
- Progress, 1920-21. K. M. Gould. *313.
- Present and future social hygiene in America. C. W. Eliot. 340.
- Social hygiene bibliography. *136, *253, *349, *487.
- Social hygiene program of the army. P. M. Ashburn. *23.
- Social value of the study of sex psychology. H. Northcote. 125.

Social work

Social background of the disease problem. 250.

Social worker's approach to the family of the syphilitic. M. H. Solomon. 476.

Socially inadequate: how shall we designate and sort them? H. H. Laughlin. 472.

Society becoming self-conscious. B. Gruenberg. *297.

Solomon, Maida H. The social worker's approach to the family of the syphilitic. 476.

Some dysgenic effects of the war in Italy. M. Boldrini. *265.

Special treatment clinics for venereal diseases. 117.

Status of sex education in public educational institutions. V. H. Harris. *167.

Stoddard, Cora F. Has prohibition increased drug addiction? 240.

Stokes, John H. Public health activity and private practice in venereal disease control. 343.

——— and H. Brehmer. Syphilis in railroad employees. 114.

Storey, Thomas A. The work of the United States Interdepartmental Social Hygiene Board, 1919-20. *59.

Stouman, Knud. International venereal-disease statistics. *435.

Study of the incidence of hereditary syphilis. P. G. Jeans and J. V. Cooke. 115.

Study of specialized courts dealing with sex delinquency. I. Morals court of Chicago. G. E. Worthington and R. Topping. *351.

Syphilis

Are there more strains than one of *Spirochaeta pallida*? 344.

Germany officially standardizes the Wassermann reaction. 346.

New researches on the *Treponema pallidum*. R. C. Rosenberger and J. I. Fanz. 126.

On the ravages of congenital syphilis and its prevention. S. Hata. 477.

Social worker's approach to the family of the syphilitic. M. H. Solomon. 476.

Study of the incidence of hereditary syphilis. P. G. Jeans and J. V. Cooke. 115.

Syphilis and the periodic examination. A. F. Kraetzer. 116.

Syphilis as a cause of insanity. E. Donaldson. 240.

Syphilis in railroad employees. J. H. Stokes and H. E. Brehmer. 114.

Syphilitic scars of the spirit. J. Collins. 241.

Vanishing lesion: a new problem in teaching. C. M. Smith. 241.

Todd, Arthur H. The essential sociological equipment of workers with delinquents. *13.

Topping, Ruth. See Worthington, George E. and R. Topping.

United States Army and Navy

Biological bearing of army mental tests. A. H. Estabrook. *279.

Defects found in drafted men. C. B. Davenport and A. G. Love. 105.

Navy questionnaire. 133.

Social hygiene program of the army. P. M. Ashburn. *23.

United States Interdepartmental Social Hygiene Board, Work of. T. A. Storey. *59.

Vanishing lesion: a new problem in teaching. C. M. Smith. 241.

Vann, J. W. and B. Groesbeck. The prevalence of venereal disease in the Dominican republic. 118.

Venereal disease

Cost of venereal disease to industry. R. H. Everett. 112.

Hospitals and venereal diseases. 312.

Saprophytism of venereal organisms and its dangers. H. Gougerot. 114.

What venereal diseases cost the community. C. J. MacAlister. *1.

Venereal disease control

Antivenereal campaign: education of educators. H. Gougerot. 475.

Conflicting ideals of public health and family welfare. O. M. Lewis. 339.

New legislation for the control of venereal disease. Part II. W. Clarke. 243.

North European conference. 478.

Psychological study of motion pictures in relation to venereal disease campaigns. K. S. Lashley and J. B. Watson. *181.

Public health activity and private practice in venereal disease control. J. H. Stokes. 343.

Social background of the disease problem. 250.

Venereal disease statistics

Age, sex, and marriage in relation to incidence. R. S. Patterson. *457.

Defects found in drafted men. C. B. Davenport and A. G. Love. 105.

International venereal-disease statistics. K. Stouman. *435.

Present prevalence of venereal diseases. L. Marcus. *441.

Prevalence of venereal disease in the Dominican republic. J. W. Vann and B. Groesbeck. 118.

Program for the statistics of the venereal diseases. L. I. Dublin and M. A. Clark.

Social hygiene program of the army. P. M. Ashburn. *23.

Vice conditions in Shanghai. 129.

Watson, John B. See Lashley, Karl S. and J. B. Watson.

Welch, William Henry. A biographical sketch. S. Flexner. 103.

Wembridge, Harry A. A new emphasis in social hygiene education. *159.

What venereal diseases cost the community. C. J. MacAlister. *1.

When shall eugenic instruction begin? 338.

Women

Pregnant woman in industry. C. P. McCord and D. Minster. 474.

Present condition of women and the progress realized since 1913. 120.

Work of the United States Interdepartmental Social Hygiene Board, 1919-20. *59.

Worthington, George E. and R. Topping. A study of specialized courts dealing with sex delinquency. I. Morals court of Chicago. *351.

BOOK REVIEWS**AUTHOR AND TITLE**

America and the new era. E. M. Friedman. 467.

American police systems. R. B. Fosdick. 330.

Anthony, Katharine. The endowment of motherhood. 334.

Army mental tests. C. S. Yoakum and R. M. Yerkes. 238.

Aumonier, Stacy. One after another. 96.

Auto-erotic phenomena in adolescence. K. Menzies. 335.

Barnett, Avrom. Foundations of feminism. 334.

Berry, Richard A. and Porteus. Intelligence and social evaluation. 238.

Biology for high schools. W. B. Smallwood and others. 100.

Boy-talks. P. E. Howard. 237.

Bureau, Paul. L'indiscipline des mœurs. 235.

Burnham, Athel C. The community health problem. 465.

Burr, C. B. Practical psychology and psychiatry. 235.

Character training in childhood. M. S. Haviland. 237.

Chesterton, Gilbert K. The superstition of divorce. 77.

Church and industrial reconstruction. 97.

- Clark, J. Bayard. The control of sex infections. 331.
- Clark, Thomas A. The high school boy and his problems. 91.
- Comment j'ai instruit mes filles des choses de la maternité. J. Leroy-Allais. 237.
- Community health problem. A. C. Burnham. 465.
- Condensed guide to the Binet tests. S. Porteus and H. Hill. 238.
- Control of ideals. H. B. Van Wesep. 101.
- Control of sex infections. J. B. Clark. 331.
- Coriat, Isador H. Repressed emotions. 235.
- Disorders of the sexual function. M. Hühner. 332.
- Donovan, Frances. The woman who waits. 97.
- Drake, Durant. Problems of conduct. 235.
- Duclaux, Emile. Pasteur, the history of a mind. 234.
- Dulberg, J. Sterile marriages. 236.
- Dunlap, Knight. Mysticism, Freudianism, and scientific psychology. 326.
- Dunn, Courtenay. The natural history of the child. 236.
- Educational treatment of defectives. A. Nash and S. Porteus. 238.
- Einführung in das Studium der Prostitutionsfrage. A. Pappritz. 221.
- Endowment of motherhood. K. Anthony. 334.
- Ethics and natural law. G. L. Raymond. 100.
- Evans, Elida. The problem of the nervous child. 334.
- Faults of childhood and youth. M. V. O'Shea. 100.
- Feminism and sex extinction. A. Kenealy. 231.
- Fernald, Mabel, and others. Women delinquents in New York state. 83.
- Fielding, William J. Psychoanalysis. 334.
- Folks, Homer. The human costs of the war. 334.
- Fosdick, Raymond B. American police systems. 330.
- Foundations of feminism. A. Barnett. 334.
- Fourfold development of young manhood. H. Humbert. 98.
- Freud, Sigmund. A general introduction to psychoanalysis. 330.
- Freud, Sigmund. Selected papers on hysteria and other psychoneurosis. 236.
- Friedman, Elisha M. America and the new era. 467.
- Fruchabtreibung und Präventivverkehr in Zusammenhang mit dem Geburtenrückgang. M. Hirsch. 221.
- Fundamentals in sexual ethics. S. Herbert. 324.
- Galloway, Thomas W. The sex factor in human life. 328.
- General introduction to psychoanalysis. S. Freud. 330.
- General outline and syllabus on hygiene. T. A. Storey. 101.
- Geschlechtsleben der Hysterischen. S. Placzek. 221.
- Geschlechtsleben des Menschen. G. Hahn. 97.
- Gilbert, J. Allen. True and false sex alarms. 469.
- Goddard, Henry H. Human efficiency and levels of intelligence. 85.
- Gould, Frederick J. Health and honour. 469.
- Greene, Marie A. Little journeys into the heart of true things. 335.
- Guild, Ellis B. The science and philosophy of eugenics. 97.
- Haggerty, M. E. and others. National intelligence tests. 99.
- Hahn, Gerhard. Das Geschlechtsleben des Menschen. 97.
- Hall, G. Stanley. Morale: the supreme standard of life and conduct. 88.
- Harrison, Shelby M. Social conditions in an American city. 236.
- Haslett, Harriet H. Trial marriage. 236.
- Haviland, Mary S. Character training in childhood. 237.
- Health and honour. F. J. Gould. 469.

- Health officer. F. Overton and W. J. Denno. 93.
- Healthy living. C.-E. A. Winslow. 101.
- Hegyessy, James. Race regeneration through woman, and the problem of maternity. 237.
- Herbert, S. Fundamentals in sexual ethics. 324.
- Heredity and social fitness. W. E. Key. 98.
- Hericourt, J. The social diseases. 237.
- High school boy and his problems. T. A. Clark. 91.
- Hirsch, Max. Fruchabtreibung und Präventivverkehr in Zusammenhang mit dem Geburtenrückgang. 221.
- Hirsch, Max. Über das Frauenstudium. 221.
- Hollingworth, Leta S. The psychology of subnormal children. 229.
- Howard, Philip E. Boy-talks. 237.
- Hühner, Max. Disorders of the sexual function. 332.
- Human costs of the war. H. Folks. 334.
- Human efficiency and levels of intelligence. H. H. Goddard. 85.
- Human heredity. C. L. Redfield. 469.
- Human psychology. H. C. Warren. 90.
- Humbert, Harold F. The fourfold development of young manhood. 98.
- Husbands and wives. A. B. McCoid. 466.
- Indiscipline des mœurs. P. Bureau. 235.
- Intelligence and social evaluation. R. A. Berry and S. D. Porteus. 238.
- Intelligence of school children. L. M. Terman. 87.
- Introduction to child psychology. C. W. Waddle. 90.
- Kempf, Edward J. Psychopathology. 335.
- Kenealy, Arabella. Feminism and sex extinction. 231.
- Key, Wilhelmine E. Heredity and social fitness. 98.
- Kisch, E. H. Die sexuelle Untreue der Frau. 221.
- Kisch, Franz. Menschenzucht: ein Merkbuch für die Reifen beiderlei Geschlechts. 223.
- Klein, Philip. Prison methods in New York state. 98.
- Lawrence, David H. Psychoanalysis and the unconscious. 469.
- Lay, Wilfrid. Man's unconscious passion. 228.
- Lehrfeld, Louis. Short talks on personal and community health. 99.
- Leroy-Allais, Jeanne. Comment j'ai instruit mes filles des choses de la maternité. 237.
- Little journeys into the heart of true things. M. A. Greene. 335.
- Lofthouse, K. L. and W. F. Purity and racial health. 469.
- Long, H. W. Motherhood. 469.
- Loosmore, W. Charles. Nerves and the man. 237.
- Low, Barbara. Psychoanalysis. 89.
- Lowie, Robert H. Primitive society. 81.
- Lucas, Clarence A. Tuberculosis and diseases caused by immoral or intemperate habits. 99.
- MacDonagh, J. E. R. Venereal diseases. 335.
- Man's unconscious passion. W. Lay. 228.
- Married love, or love in marriage. M. C. Stopes. 238.
- Martin, Lillian J. Mental hygiene. 238.
- McCoid, Arthur B. Husbands and wives. 466.
- Menschenzucht: ein Merkbuch für die Reifen beiderlei Geschlechts. 223.
- Mental hygiene. L. J. Martin. 238.
- Menzies, K. Auto-erotic phenomena in adolescence. 335.
- Morale: the supreme standard of life and conduct. G. S. Hall. 88.
- Motherhood. H. W. Long. 469.
- Mysticism, Freudianism, and scientific psychology. 326.
- Nash, Alice M. and Porteus. Educational treatment of defectives. 238.
- National intelligence tests, Scale A, Form 1, and Scale B, Form 1. M. E. Haggerty and others. 99.

- Natural history of the child. C. Dunn. 236.
- Nerves and the man. W. C. Loosmore. 237.
- Nissen, Hartvig. Practical massage and corrective exercise. 99.
- One after another. S. Aumonier. 96.
- O'Shea, M. V. The faults of childhood and youth. 100.
- O'Shea, M. V. The trend of the teens. 230.
- Overton, Frank, and Denno. The health officer. 93.
- Paine, Charles R. The sexual basis of the creative capacity of the mind. 100.
- Pappritz, Anna. Einführung in das Studium der Prostitutionsfrage. 221.
- Pasteur, the history of a mind. E. Duclaux. 234.
- Placzek, S. Das Geschlechtsleben der Hysterischen. 221.
- Porritt, Arthur. The strategy of life. 100.
- Porteus, S. D. and R. A. Berry. Intelligence and social evaluation. 238.
- Porteus, S. D. and H. Hill. Condensed guide to the Binet tests. 238.
- Porteus, S. D. Porteus tests—the Vineland revision. 238.
- Porteus tests—the Vineland revision. S. D. Porteus. 238.
- Practical massage and corrective exercise. H. Nissen. 99.
- Practical psychology and psychiatry. C. B. Burr. 235.
- Primitive society. R. H. Lowie. 81.
- Principles of animal biology. A. F. Shull. 238.
- Principles of human physiology. E. H. Starling. 232.
- Prison methods in New York state. P. Klein. 98.
- Problem of the nervous child. E. Evans. 334.
- Problems of conduct. D. Drake. 235.
- Prostitution: étude critique de droit compare. M. Veillard. 94.
- Psychoanalysis. W. J. Fielding. 334.
- Psychoanalysis. B. Low. 89.
- Psychoanalysis and behavior. A. Tridon. 226.
- Psychoanalysis and the unconscious. D. H. Lawrence. 469.
- Psychology of dreams. W. S. Walsh. 227.
- Psychology of subnormal children. L. S. Hollingworth. 229.
- Psychopathology. E. J. Kempf. 335.
- Purity and racial health. K. L. and W. F. Lofthouse. 469.
- Queens. V. Trench. 101.
- Question de l'avortement. M. Veillard. 95.
- Race regeneration through woman, and the problem of maternity. J. Hegyessy. 237.
- Radiant motherhood. M. C. Stopes. 220.
- Raymond, George Lansing. Ethics and natural law. 100.
- Redfield, Casper L. Human heredity. 469.
- Repressed emotions. I. H. Coriat. 235.
- Routzahn, Mary S. Traveling publicity campaigns. 233.
- Science and philosophy of eugenics. E. Guild. 97.
- Scientific spirit and social work. A. J. Todd. 92.
- Selected papers on hysteria and other psychoneuroses. S. Freud. 236.
- Sex factor in human life. T. W. Galloway. 328.
- Sex: for parents and teachers. W. L. Stowell. 464.
- Sexual basis of the creative capacity of the mind. C. R. Paine. 100.
- Sexuelle Untreue der Frau. E. H. Kisch. 221.
- Sheffield, Ada E. The social case history. 333.
- Short talks on personal and community health. L. Lehrfeld. 99.
- Shull, A. Franklin. Principles of animal biology. 238.
- Smallwood, W. B. and others. Biology for high schools. 100.
- Social case history. A. E. Sheffield. 333.

- Social conditions in an American city. S. M. Harrison. 236.
 Social diseases. J. Hericourt. 237.
 Starling, Ernest H. Principles of human physiology. 232.
 Sterile marriages. J. Dulberg. 236.
 Stopes, Marie C. Married love, or love in marriage. 238.
 Stopes, Marie C. Radiant motherhood. 220.
 Storey, Thomas A. A general outline and syllabus on hygiene. 101.
 Stowell, William. Sex: for parents and teachers. 464.
 Strategy of life. A. Porritt. 100.
 Superstition of divorce. G. K. Chesterton. 77.
- Terman, Lewis M. The intelligence of school children. 87.
 Todd, Arthur J. The scientific spirit and social work. 92.
 Traveling publicity campaigns. M. S. Routzahn. 233.
 Trench, Violet. Queens. 101.
 Trend of the teens. M. V. O'Shea. 230.
 Trial marriage. H. H. Haslett. 236.
 Tridon, André. Psychoanalysis and behavior. 226.
- True and false sex alarms. J. A. Gilbert. 469.
 Tuberculosis and diseases caused by immoral or intemperate habits. C. Lucas. 99.
 Über das Frauenstudium. M. Hirsch. 221
 Van Wesep, H. B. The control of ideals. 101.
 Veillard, Maurice. La prostitution: étude critique de droit compare. 94.
 Veillard, Maurice. La question de l'avortement. 95.
 Venereal diseases. J. E. R. MacDonagh. 335.
- Waddle, Charles W. An introduction to child psychology. 90.
 Walsh, William S. The psychology of dreams. 227.
 Warren, Howard C. Human psychology. 90.
 Winslow, Charles-Edward A. Healthy living. 101.
 Women delinquents in New York state. M. Fernald and others. 83.
 Woman who waits. F. Donovan. 97.
 Yoakum, Clarence S. and R. M. Yerkes. Army mental tests. 238.

Books received. 335, 470.

Social Hygiene

Vol. VII

JANUARY, 1921

No. 1

WHAT VENEREAL DISEASES COST THE COMMUNITY

CHARLES J. MACALISTER, M.D.

Liverpool, England

The study of diseases from the point of view of the sociologist does not always meet with the attention which it deserves in relation to the measures which are taken to eradicate them. Sentiment plays so prominent a part that people have got into the way of thinking about the prevention and cure of scourges which lead to death, crippling, and disability, from the humanitarian rather than from the economic side of the question. Medical men are often, and with much truth, spoken of as humanitarians in respect of their professional services, especially to their poorer and to their hospital patients. Their value as unconscious economists is seldom thought about by the public, and least of all by themselves. They and the benevolent people who support institutions for the conservation of the public health contribute in a truly national sense to the efficiency of the people, and hence to national solvency. It is not only the patients themselves who benefit by the skill brought to bear upon their maladies, or by the money contributed for their treatment, but also in no small degree the state and the taxpayer. If a life is saved or a disease cured, or if a child is rescued from becoming an inefficient citizen, money is saved in the long run to those who would otherwise have to support the inefficients and their dependents.

This statement might appear at first sight to apply only to the poor, or to those who lack the capacity to save. But if the state as a whole is considered, it will be seen that it applies to all classes, because, owing to the interdependence of one class on another, much also depends on the health and life of those who save money.

The measures taken by the state and by the municipalities to lessen the incidence of infectious and contagious diseases have a similar bearing. They are often regarded by the public, and by the sufferers themselves, as matters of personal interest, whereas they are truly economic as regards both national life and national wealth.

Thinking of the subject in this way raises the whole question of responsibility in relation to knowledge, and it should impress those who undertake the care and betterment of the people—whether acting as individuals or as members of corporate bodies—with the necessity for placing the highest skill at the disposal of tax-supported hospitals, as well as in the general and special institutions which are maintained by voluntary effort. They should remember that there is a duty to society involved in addition to the benefit which it is intended to confer upon the individuals immediately concerned.

There has always been this relationship, and it is curious to note how the relative ignorance of former days sometimes placed the medical man in a position of grave responsibility with reference to *taking active steps*, where to-day the same responsibility would be involved by *not* taking them.

As an example of this we may look back to the pre-Listerian period when surgical operations were performed under conditions of sepsis which rendered them exceedingly dangerous. It must be well within the recollection of many active workers of to-day how the hospital surgeon of forty years ago prepared himself for work, not by changing his coat for a clean one, but for an old worn-out garment; this, perhaps covered with a black linen apron, was considered suitable. The same old blood-bespattered garment was worn time after time, buttoned up to the neck, and the sleeves rolled up to keep them from becoming soiled. The sleeves of the doctor's frock-coat were often made to button and unbutton at the wrists for this very purpose. The closable knives with their elaborate tortoise-shell handles, and the probes and other instruments required for minor operations were carried about in a seldom-cleaned leather pocket-case, or often simply in the waist-coat pocket. They, and the instruments for major operations,

with their roughened black wood handles, were cleaned solely by washing and wiping. The results, as might be expected in the light of present-day knowledge, were very bad: one out of every three amputations died; over and over again deaths ensued from blood poisoning a few days after various operations, and the wonder is that those who recovered managed to run the gauntlet of the dangers which beset them.

The deaths and septic conditions were put down to the hand of God, and the surgeons lamented the direful failure of their work. They were ignorant as to the causes of these calamities and naturally approached many of their operations with much misgiving. Operations were often performed as forlorn hopes, and many a case died of conditions which are safely remediable to-day. With the knowledge of the causes of surgical fever and septicaemia came the responsibility on the part of the surgeon for preventing them. The story of that knowledge, and of the introduction, first of antiseptic, and later of aseptic surgery, is one of the many romances which make the history of medicine fascinating. It has completely altered the outlook of surgery as a life-saving art, and has rendered the practitioner of the art responsible for taking action where previously no action could have been taken, placing upon him the responsibility of observing all those points of technique which are so essential for the safety of the patient. This safety is now so far assured that deaths from sepsis are almost unknown when primary operations are performed by skillful hands, and if they do occur, the surgeon no longer ascribes them to the hand of God, but to some failure in the conduct of the case.

From an economic point of view antisepsis and asepsis in surgery have been of the greatest possible moment, insomuch that lives innumerable have been saved, workers and breadwinners have been preserved, and hosts of children who would otherwise have been lost or permanently crippled have grown into efficient citizens. This history of the results of applied knowledge exemplifies how every medical man who gives his services to the hospitals or effectively carries out his work among the people, serves the state. By preserving the health of the population he becomes a social as well as a professional worker; time-saving and wage-

earning capacities come well within the scope of his ministrations. Here, then, we have an example of personal responsibility on the part of the individual who treats disease, toward the patient and, thus far, toward society.

Now let us think of society and of its attitude toward the diseased person. The state, through its ministry of health, assumes responsibility to a large extent in this respect. The history of legislation for the prevention and cure of disease is of comparatively recent origin, except perhaps with reference to the venereal diseases, to which particular attention will presently be directed. In the meantime let it be stated that it is greatly to the credit of enlightened England that it led the way in legislation when it undertook measures for the extermination of smallpox, by making vaccination compulsory, a practice which was subsequently followed by every civilized country in the world.

Jenner, by his investigations between the years 1775 and 1798, was led to hope that he would be able to propagate the cowpox from one human being to another till he had disseminated the practice all over the globe, to the total extinction of smallpox. In spite of strenuous opposition he impressed his point with so much success that Parliament voted him a grant of £10,000 in 1802, and a second grant of £20,000 in 1807. Never before or since, with the possible exceptions of Lister and Morton, has so great a social or economic beneficence resulted from any one medical man's work. The people of to-day little realize what they owe to Jenner. Prior to his discovery smallpox was the most fatal of all epidemic diseases. It passed over the country in waves, killing thousands of people, and disfiguring those who survived its onslaught. It was often spoken of as the murderous disease. Fifty years ago a large proportion of the middle-aged population had scarred and pitted faces caused by smallpox suffered in their childhood. It was mainly a disease of children in its epidemic days, and became a disease of adult life only later on, when it attacked those whose immunity after vaccination had been exhausted.

By legislation in this case the people were made responsible (under penalty for neglect of the precaution) for the protection of

themselves and their children, and every one was compelled to realize that it was not only the personal safety which was being thought of, but the safety of the community. In foreign ports unvaccinated persons were not allowed to land, nor were they permitted to land on English shores. This, as has been noted, was the first of the really great and effective legislative measures for public health, based on definite scientific knowledge, and it influenced the health and lives of the community in a remarkable way.

More recent legislation has been in the direction of the notification and segregation of infectious and contagious diseases—measures which, as in the case of vaccination, at first met with much resentment, both from the medical profession and from the people, but which have now become recognized as so essential for public and domestic safety that they are more often demanded than opposed.

Now we come to my real purpose—the consideration and discussion of the sociological and economic aspects of the venereal diseases. Here the relationship between knowledge and responsibility has a twofold complexion, there being (1) the personal onus on the part of individuals to avoid risk of contagion, or having become infected, to take care that they do not infect others; while on the other hand, (2) society, having learned, and being still in process of learning, a great deal concerning the widespread and serious effects of these diseases upon the community, has a responsibility with reference to their prevention and cure which may not be shirked.

It is in relation to these diseases that legislative measures have their most ancient bearings. They have throughout the ages been directed against what was regarded as their source, the infected woman. We cannot read the history of any country, whether ancient or modern, without recognizing that this is the case. Wherever there has been a society, whether civilized, tribal, cultured, or barbarous, there has almost invariably been evidence of marriage or of the possession of women by men as their wives; relationships outside this have been regarded as promiscuous, and the women concerned regarded as prostitutes.

Prostitution in this sense has therefore always been related to society, and it may be assumed to have existed as a social adjunct through indefinite past ages. That disease has been related to it may be presumed because the laws referring to morals have almost invariably had for their main object the prevention of disease. This is made clear, for instance, in the Mosaic law, and it is interesting to note that, just as in the present day, animals infected with protozoal diseases communicable to man are sometimes exterminated, so Moses endeavored to stay the ravages of diseases among the male Jews by the drastic measure of exterminating every Midianite female captive, except the virgins. There is an abundance of Biblical evidence that prostitution and disease were correlated. We see it in the warnings of Solomon to the man who, yielding to the strange woman, "goeth after her straightway, as an ox to the slaughter, or as a fool to the correction of the stocks; till a dart strike through his liver; or as a bird hasteth to the snare, and knoweth not that it is for his life."

One need not trace this relationship of laws to disease throughout all the epochs of history, though there is ground for believing that they were known in the ancient Roman and Grecian civilizations and through subsequent ages in nearly every country. It is sufficient to say that all legislative efforts have invariably been in the direction of regarding the infected woman as the aggressor, and the man who becomes infected as the aggrieved party. Great Britain has been no exception to the rule. Legislation, so far as can be discovered, dates back to the time of Henry II, in whose reign a statute was enacted for the licensing of houses at Southwark (1161). We find that the laws therein embodied for their regulation seem to have been the foundation of those which existed while the Contagious Diseases Acts were in force. They all referred to women, whose failure to observe the laws incurred severe penalties. The occupants of these houses were regarded as dechristianized outcasts, for whom, when they died, burial in an unconsecrated grave was good enough. No laws have ever included the infected men—those who originally infected the women who bore the brunt of the laws, and worse than that, who were mainly responsible for taking the disease into the sacred

realms of matrimony, and of transmitting it to the second generation and beyond.

The point we have to make is that every man or woman given to promiscuity is likely to become a fresh nucleus of disease. From a sociological point of view the whole subject must then be looked upon as a bisexual one, and whatever means are adopted for staying the trouble must apply to one sex as much as to the other.

The public must learn to appreciate the fact that we have an ever-present physical danger to contend with, the destructiveness of which has only in comparatively recent years been recognized, and probably not fully recognized at that, because we do not yet know the entire extent to which the crippling and killing disorders which afflict humanity may be traced to one or other of the venereal diseases. In order to bring about a right sentiment or psychology among the people which will lead them to throw the weight of their opinion against the conditions which perpetuate these scourges, it is necessary that they should understand the economic aspects of the problem.

For hundreds of years these diseases have accounted for broken hopes in individual lives and for broken hopes as regards progeny. The adult person suffering in a permanent way and the child who is damaged as the result of these diseases must be looked upon as economic disasters. If it were only the primary infections which were to be thought of, we could look upon venereal diseases with less apprehension, just as we regard the other contagious diseases which are capable of being segregated until the danger to others has disappeared. Unlike them, syphilis is not to be regarded as cured when the symptoms recognizable by the patients have disappeared. In other words, the disease is still potential during apparent convalescence. The fact that patients feel well and have no appreciable symptoms of disease frequently leads them to abandon treatment prematurely, with the result that in the future they become liable to suffer from some of the obscure or remote disorders which attack those who are imperfectly treated for the primary infection.

Some of these late results are well known, such as general paralysis of the insane, some epilepsies, locomotor ataxia, and other diseases affecting the nervous system. Quite a number of the circulatory diseases, including the aneurysms and some of the cerebral hemorrhages have a similar origin. These are well-known examples, but in point of fact there is practically no department of the body which is not liable to attack, with the result that many of the patients under treatment in our general and special hospitals are in reality suffering from serious maladies which, formerly considered to be independent diseases, are now known to be related to long-past syphilis. There is no doubt whatever that the venereal diseases have left in their wake the saddened remembrances of many who have perished in the prime of life as a result of them, although little has it been guessed by those about them that these diseases have been the root cause of their early deaths.

One need not labor the point of economics from the standpoint of life and death and disablement. It is patent enough when we think of the working days that are lost through ill health, of the incapacity and inefficiency of individuals crippled by chronic disease and unable to do the ordinary type of work associated with their trades, necessitating, it may be, employment in other vocations at lower rates of pay. Incapacitation or death from such causes frequently occurs at a time of life when the children of the victims are comparatively young. They and their mothers become dependent upon friends, philanthropic individuals, or the public charities for their sustenance. Our tax-maintained hospitals contain many cases of this description, and a proportion of the inmates of the workhouses themselves are those impoverished in consequence. This is one kind of thing which happens to the individual and his family, but we have to add to this category the infected children, many of whom die at an early period of life, or if they live, are prevented by physical or mental defect from efficient contribution to the economic welfare of the community on which they are a burden. The citizens of modern states tax themselves heavily to ensure the education of every child within their borders. Do they realize that the cost of education of one

•

child, deaf through congenital syphilis, equals that of ten children suffering from no such unnecessary disability? or that the education of a child blinded by gonorrhea or syphilis costs seven times that of a child who can see? and that as much as 55 per cent of all blindness has been attributed to these preventable diseases?

The examination of a large number of children admitted into a general hospital for conditions supposed to have no reference to syphilis revealed the fact that no less than eight per cent of them showed evidence of having inherited parental infection. We do not fully know the effects on the second generation, but it would not be surprising if some of the death-dealing diseases among adults, the explanations of which are at present mysterious, prove to have a similar origin. The diseased parents of one generation bequeath to posterity the heritage of ruined possibilities, and it may be surmised that there are many families which have suffered. This statement may be truer than appears on the surface if we consider the unknown possibilities concerning the origin of some of the killing and crippling diseases.

In the case of children who suffer from mental and physical disabilities which are the direct heritage of the venereal diseases, who pays for their lost school hours and the medical treatment and special care which they receive, but this same patient taxpayer? The economic losses caused by these diseases are a huge incubus upon the whole state. The taxpayer groans under it, but in consequence of the indirect way in which it falls on him, he seldom recognizes its origin or knows where to look for relief. Surely his patience is only the result of ignorance of the origin and the preventable nature of a large proportion of it. If the provision of money for all these aforesaid purposes came up in the budget for separate consideration, one wonders what the public would say. Would they not cry out and insist that something must be done to stop this wrong!

The people who propagate disease should be made responsible, and surely we must see to it that they are prevented from perpetuating the economic wrongs from which the country is suffering. We cannot make them bear the whole monetary cost,—that is evident,—but a means should be devised whereby they

should be obliged to take good care not to infect others and involve the country in further expense. Under existing conditions they may spread disease without let or hindrance, with complete immunity as to the probable consequences, thus involving the country in vast expenditures and heart-rending distress. The matter requires to be taken in hand seriously, and something must be done to inhibit the maleficent influences of potential poisoners who contribute to the 60,000 deaths annually which Osler estimated to be traceable to syphilis alone. Add to these the syphilis-borne disabilities of those still living, and all of the cases and consequences of gonorrhea, and think!

The whole problem involves the consideration of a great social wrong, one which damages the efficiency of the people at every period of life, and affects the economic health and wealth of the whole nation. It is a great wrong to the taxpayer who pays the piper for every case that becomes infected, and for all the remoter issues and consequences of each case. Disease always costs money, and the cost of syphilis is enormous. Looking at the question from a purely humanitarian point of view, one would think that the public would demand some radical means for its extinction. But when we add to this the question of social economics in relation to the financial cost of venereal diseases to the country and to the taxpayer, we have a ground for appeal which should stir the most lethargic to interest in the subject.

It is quite right that we should be taxed in order to stamp out these diseases by curing them and by the institution of propaganda for the removal of ignorance, but the cost to the country is amazingly large. Treatment centers alone cost Great Britain not less than £340,000 in the three years ending March 31, 1919. The estimated expenditure for the year 1920 was £314,000.¹ Year by year this sum will increase. In England and Wales alone the cost to the country before the war, for the care of those suffering from general paralysis of the insane was nearly £90,000 per annum and if to these be added other forms of insanity due to syphilis, the

¹ See statement by the Minister of Health in the House of Commons, March 10, 1920, in answer to a question from Mr. John Davidson.

annual cost is estimated by the asylum authorities at not less than £150,000, or over £1,000,000 in seven years.

These are direct money losses. What about the indirect ones? What of the loss in earning power, and the loss of working days, all of which, in a real sense, are the liabilities of the nation. In many ways the taxpayer has to sustain these without any value received. In 1912 he paid for 269,210 working days in the navy in which no work was done owing to venereal disease, and in addition, he paid for skilled medical treatment and costly drugs. The further economic loss from syphilis may be gathered by an estimate of the time lost by people suffering from the remote effects of that disease in hospitals. In the Presbyterian Hospital, New York, for instance, in 1911-12, there were 46 cases representing 961 days lost.² Similar tables taken from other hospitals indicate a total of 1122 cases, representing 22,505 days lost, or an average of about three weeks per patient.³

Financially it runs into millions per annum. In the evidence given before the Royal Commission on Venereal Diseases it was stated that there must be 3,000,000 syphilitics in the United Kingdom; and this was a pre-war figure, certainly greatly increased at the present time. Do these cost less than one pound per head per year, taking into account their treatment, either at public or private expense? And what is being spent on gonorrhea? Probably three times as much. If we base the cost per head on this modest assumption, and it is probably a very modest one, it will be realized that the money expended on the venereal diseases alone would go a long way toward paying the interest on the war loans.

Such is the financial situation, and the cost in reduced human efficiency, in the destruction of domestic health and happiness, in bereavement, sorrow, and affliction, is the ghastly corollary to the bill of costs. Surely neither the state nor private nor public enterprise should be allowed to countenance any measure which would directly or indirectly lead to vice and its disastrous results.

² *Journal of the American Medical Association*, December, 1916.

³ Figures of Dr. John H. Stokes, Mayo Clinic, Rochester, Minn.

The elimination of the prostitute is one essential factor in the solution of this economic problem. But if we do anything having the semblance of rendering vice safe,—and it would be but a semblance,—increased promiscuity would result, and following the laws of supply and demand, there would be more prostitution, more infection, and more disease.

Public safety calls aloud for redress. Public economy demands that the evil shall cease, an evil which costs not only untold sorrow to those who are immediately concerned but untold money to the nation as a whole.

THE ESSENTIAL SOCIOLOGICAL EQUIPMENT OF WORKERS WITH DELINQUENTS

ARTHUR J. TODD, PH.D.

Labor Manager, B. Kuppenheimer Company, Chicago

Twenty years ago I found myself "up against it" in dealing with some delinquents in a group of dependent boys. Partly by intuition and partly as the result of correspondence with the heads of certain institutions for delinquent and dependent children the conviction grew that I was not sufficiently equipped with psychology to handle these cases. I therefore decided to go to college "to get psychology." I got psychology, and fortunately got an education as well as psychology, for later as a probation officer I discovered that neither biology, nor surgery, nor the study of the mind of insects or of men was enough. Probation seemed frequently to fail, not because of the weak-mindedness of the probationers, nor because of their dreams, imitiveness, or suggestibility, but most frequently because the homes in which girl probationers were placed proved to be centers of exploitation and social neglect, or the workshops in which boys were placed had no rational system of employment service or personnel management.

I confess that we discovered as probation and parole officers many cases of mental and physical weakness, the solution of which seemed to be humane institutional treatment for the whole life of the unfortunate. For these cases no amount of sociological manipulation could provide a safe, normal life on the outside. But at the same time we found many paroled cases which relapsed after institutional discharge. Why? Apparently not because of the weak mentality of the individual, but largely because the same amount of work had not been expended upon the social en-

This paper was presented before the forty-seventh annual meeting of the National Conference of Social Work, New Orleans, April, 1920, and has been specially revised by Dr. Todd for social-hygiene workers.

vironment from which the young delinquent came as had been spent upon him during his incarceration; that is to say, a type of social relationships and social attitudes had been developed in the individual during his period of institutional training, but no parallel work had been done on his family, or his neighborhood, or his gang, or his community in general while he was away. Therefore we were faced with a case, not primarily of psychology, but of social and economic maladjustment, which nullified all the good intentions of the paroled person and the kindly efforts of the parole officer.

This question of relapses on probation and parole suggests several others:

Why the long struggle over prison contract labor?

Why the failure of institution authorities to provide some stake for the new life of the discharged inmate?

Why are penal institutions located so frequently in deference to considerations of mere scenery or safety?

Why do we build fortresses instead of rehabilitation centers for the delinquent?

Why are probation and parole so often only names instead of facts given meaning through appropriate organization?

Why has the régime of silence persisted so long in prison administrative measures?

Why have we tolerated a negative system of repression instead of developing a system which would include at least some elements of positive and constructive discipline?

Why have we trusted our correctional machinery so fondly and been so backward in attacking causal factors in the problem of delinquency?

Why does our system of criminal law continue to be a reproach—almost a scandal? And why are our criminal courts so laggard and steeped in legal formalism?

Why did it take the most calamitous war in history to teach communities that vice could be controlled? Why was it that so soon as military and naval vigilance was relaxed, many of our streets again became unsafe places for American youth?

Why has it taken so long to break the grip of the old-time partnership in crime between brothel and saloon?

All of these exigencies exist partly, at least, because of our rudimentary social sense; partly because we have looked at man individually and collectively from the mechanistic and legalistic rather than from the humanistic, or, if you please, sociological point of view; partly because we have been preoccupied with the *finished product*—a criminal, a juvenile delinquent, a defective type,—and have failed to interest ourselves in the *process* by which the product is made.

In short, much of our failure is due, in the plainest English, to our illiteracy in the fundamentals of social science. We are frankly uneducated or badly educated. And when I say “we,” I mean judges, prosecuting attorneys, probation and parole officers, wardens, superintendents, business men, and all or any of us who have assumed any leadership in promoting public welfare, peace, and sanity.

Granting that this unflattering picture be accurate, what is to be done? In the interests of common sense and moderation I shall attempt to sketch out only what may be assumed to be the minimum of social science equipment for any judge of a criminal court or court of domestic relations or juvenile court, or probation or parole officer, or executive of an institution for delinquents, or agency for the suppression of sex vice, protection of youth, or promotion of community decency who conceives his job seriously in the scientific spirit.

In the first place, he should understand thoroughly the normal life of society in order to get at the conditions under which normal citizenship may be expected to thrive. This study of the normal is the source of all the principles which may be applied legitimately to the handling of pathological and delinquent types. It may be true in a restricted sense that the normal can be deduced from its breakdown in the pathological. I am aware that Signora Montessori's great work for normal children sprang from her experience with the feeble-minded. We know, too, that vocational education has frequently radiated from institutions for the delinquent to schools for the great masses. The same may be

said for eurythmics and certain other pedagogical devices. But in general we cannot work out our problem along that rather exceptional road. Science and common sense point the other way.

Now what are some of those normal social processes whose study should equip us to meet most effectively the delinquent, the abnormal, the asocial types or individuals who cause us so much concern?

We need to know something about social structure: how and why men form themselves into groups. This means primarily a clear understanding of what our really fundamental social institutions are, how they originate, how they are built up and how they are modified. It means, further, the services or functions of typical social institutions like government, the family, the school, and religion. It includes a clear grasp of the dominating rôle of social customs and a scientific perception of the "purchase" of superstitions and their survivals. You will get my meaning if I state a basic sociological principle, namely, that men are controlled more by their beliefs than by their laws.

If you choose to call this social psychology, I shall not object, since what we are after is an understanding that society consists of mental relationships and that there is something which for want of a better word we call "social mind." To be specific and concrete, we need to know how this social mind works in, say, the gang; how it breaks out into mob frenzy; how it radiates by imitation to produce so-called waves of crime or suicide or business panic; how in its milder but often trying manifestations we call it fashion or craze; how it is fed by suggestion through the words or acts of vivid personalities or through moving pictures or the newspapers; how differently it acts when men are sick or tired and when they are fresh and vigorous. None of us are prepared to battle with antisocial forces unless we know the sociological processes which lie back of that subtle thing we call leadership. How does leadership arise? Can the led be taught to discriminate between sound leadership and roguery? Is the boss an excrescence upon the body politic or simply an organ suffering from atrophy? These questions the captains of our defensive army must answer and answer accurately.

I spoke of the control exerted by beliefs. This leads me to another element in our necessary equipment, namely an understanding of the institutions and forces which exist or might be developed for social control or social pressure. Social institutions (looking at them from the inside) exist primarily for the mutual benefit, comfort, and safety of more or less like-minded persons. But viewed objectively they are equally agencies for control or for compelling or evoking approved types of behavior. That is, they may be used either for coercion or for attractive education. For example, suppose you want to "Americanize" the newcomer from Europe or Asia. You may go at it with club and gun and boycott or expropriation as Prussia or Russia did in Europe, or as Japan is doing in Korea. Or you may do it as Turkey was wont to do in Armenia—by extermination. Or you may do it as England did in the new South Africa or as we have claimed to be doing it in America, that is, by friendly coöperation, with the "come hither" in the eye; by inviting the newcomer into school and lodge, settlement club and labor union, political and industrial citizenship. You secure conformity to the approved social type by formation and not by deformation, by friendly suggestion and not by aggression. Penology has much to learn from the theory and practice of social control.

This leads to another thought. I wonder how many of our professional custodians of the public peace realize the profound socializing effect of leading the antisocial to accept social responsibility. It is true we have made the beginnings of honor systems and self-government in prisons, jails, and reformatories. Obermaier, Montesinos and other pioneers pointed the way three generations ago. But we are still far from utilizing fully the sobering, taming effect of responsible citizenship which any student of political science, sociology, or modern industry will testify to. Nor have we grasped any more fully the fine art of using social motives as a stimulus to good conduct. The adept in scientific management in industry, the production expert, and the labor managers are beginning to lay hold of this unused instrument for inaugurating a more economical, just, prosperous, and peaceful industrial order. The penologist may follow their lead with social profit.

I have already, by implication at least, suggested the need for an understanding of the distinctly economic aspects of social science. But they need more specific attention.

The police and our penal institutions are in a sense economic agencies, designed to cut off waste. They should become also positively productive through their regenerative and preventive work. Specifically the worker with delinquents should know enough economics to be able to teach thrift, to manage an institution with some business acumen, to prepare his charges for assuming the responsibilities of industrial citizenship. Too often we have been content with fitting a man to pass a physical examination or to join a church, but have not equipped him to earn a decent living outside institutional walls. We fail on the side of *industrial repatriation*. The reclamation of human scrap was one of the most significant compensations for five war-torn years. We learned to utilize industrially men and women theretofore considered as economic waste or, to put it in its best light, as of only very marginal utility. And the empty cells of jails and prisons bore testimony to the social effects of that enforced salvage. Likewise the crippled human aftermath of war is being rehabilitated industrially, even though not to the extent of our vision two years ago. Nevertheless the lesson has been carried over into the field of peaceful industry, and nine states have already begun to reclaim their industrially handicapped. The penologist should not overlook either the example or the technique here involved.

In no other hands is vocational guidance more vital than in those of the worker with delinquents. Fifteen years ago on our probation staff in San Francisco we had a man whose chief business was the industrial placement of our charges. I am far from sure we did the job scientifically. I know better now how it should be done; in the meantime a body of economic and educational knowledge has been built up in that field. Every probation and parole officer ought to be familiar with the leading items in this literature, such for example as Brewer's *Vocational Guidance*; Kelly's *Hiring the Worker*; Link's *Employment Psychology*.

If you ask where this sociological information can be obtained outside of a regularly organized collegiate training course in crim-

inology and penology, my answer would be to select a few typical books as a minimum reading list. But first I should have to confess that so far no satisfactory elementary text in sociology has appeared—at least none that satisfies sociologists. Nevertheless Blackmar and Gillen's *Elements of Sociology*, Giddings' *Elements of Sociology*, Ellwood's *Sociology and Modern Social Problems*, and Hayes' *Introduction to Sociology* have met with wide favor and each of them possesses value. Ward's *Dynamic Sociology* and *Applied Sociology* and the more advanced works of the authors mentioned are necessary for one who gets beyond the rudiments of the science. For the study in brief of social evolution and the rôle of custom I commend Keller's *Societal Evolution*. McDougall's *Social Psychology* or Ross' *Social Psychology* and *Social Control* still hold the field in that phase of the science. For general theories of criminology, the works of Lombroso, Garofalo, Ferri, Tarde, and Ellis, of course, furnish a valuable background. The criminologist will catch many suggestive angles of his problem in Ross' *Sin and Society*. The relation of crime to social progress appears in such works as Hall's *Crime and Social Progress*, and to a certain degree in Carver's *Sociology and Social Progress*, or Todd's *Theories of Social Progress*. The social-economic background of delinquency stands out admirably in the series of New York studies grouped together as *West Side Studies*, published by the Russell Sage Foundation. But the most elaborate study of this subject is Bonger's *Criminality and Economic Conditions*, while Goring's *The English Criminal* is essential on the statistical side. Henderson's great four-volume compilation on *Prevention and Correction* abounds in suggestive material and might well serve as a general opening up of the subject. Finally if Dean Roscoe Pound gives us his promised work on *Sociological Jurisprudence* it ought to cap all these other studies and weld them together in masterly fashion for the student of delinquency who wants a really organic view of his field.

I suppose it will be admitted without question that no one is really educated to the point of being entrusted with responsible guardianship of the state unless he knows the elements of ordinary business economics. These elements should include the fun-

damental factors in production, distribution and exchange, money and banking, the problems of unemployment, the significance of economic motives and some of the leading ideas in scientific management. Seager's textbooks on economics or Marshall, Wright, and Field's *Readings in Industrial Problems*, Hollander's *Abolition of Poverty*, Gantt's *Organizing for Work*, Tead's *Instincts in Industry*, Marot's *Creative Impulse in Industry*, and one of the standard works on labor problems, such as Commons', Adams and Sumner's, or Carleton's, would offer at least the entering wedge for such economic insight.

For those particularly interested in the relation between sex hygiene and the prevention of crime I should add to the foregoing a careful study of the evolution of the human family and social control over sex relations. On the influence of custom in this field Sumner's *Folkways* of course stands preëminent. For the development of family and marriage forms (together with some of their aberrations) the standard references are Westermarck, *The History of Human Marriage*, Howard, *A History of Matrimonial Institutions*, Thwing, *The Family* (revised edition, 1913), Parsons, *The Family*, Todd, *The Primitive Family as an Educational Agency*, Goodsell, *A History of the Family as a Social and Educational Institution*, and Calhoun's *The Social History of the American Family*. The standard works on principles of sociology such as Spencer, Giddings, Ross, or Ward give much space to problems of sex relationships. Thomas' brilliant *Sex and Society* is still thought-provoking—a real classic. Mason's *Woman's Share in Primitive Culture* gives a valuable approach to economic phases of the sex problem. Schuster's *The Wife in Ancient and Modern Times* is a handy brief historical survey. Kitchen's *A History of Divorce* and Lichtenberger's *Divorce: a Study in Social Causation* are sound in scholarship and scientific in outlook. But the United States Census reports on *Marriage and Divorce* should not be overlooked, for they are a veritable mine of organized information. For very careful handling of two vital aspects of the family problem it is a pleasure to recommend Kammerer's *The Unmarried Mother* and Miss Colcord's *Broken Homes: a Study of Family Desertion and Its Social Treatment*.

If it should appear that I have gone beyond the plain implications of my subject and have attempted to slip in a maximum instead of a minimum of social science equipment, I shall plead not guilty. My best defense is to reiterate the questions with which I began and to point to our bitter and disappointing experience in dealing with the delinquent. It is unnecessary to repeat the hoary fallacy that the opening of a new school will close at least one jail. But I shall maintain boldly that only a profounder education in the social sciences will enable us to use our present defensive machinery of courts, correctional institutions, and protective agencies as they should be used or to modify and improve them as they manifestly need modification and improvement.

THE MEDICAL ADVISORY BOARD, LEAGUE OF RED CROSS SOCIETIES

The first session of the Medical Advisory Board of the League of Red Cross Societies, held at Geneva, July 5-8, 1920, was productive of important resolutions and recommendations for the international campaign of the Red Cross for better health, and dealt with venereal diseases among others. All members of the board were present with the exception of Professor Kinnosuke Miura, of Tokio, Dr. Carlos Chagas, of Rio de Janeiro, and Dr. William H. Welch and Dr. Hermann M. Biggs, of the United States.

The board feels that it would be desirable for the League of Red Cross Societies to devote its attention to the question of the need of education in sex hygiene and propaganda against venereal diseases. It considers that the diffusion of moral and physiological knowledge and of the ideals of purity and of the integrity of family life cannot be too much encouraged. It also believes that an investigation to reduce the cost of antisyphilitic drugs which clear up contagious lesions is a suitable part of the activities of the League. The board adopted this resolution:

That, whereas venereal diseases are prevalent and dangerous communicable infections against which science has developed a practical program for eradication, the League of Red Cross Societies (a) recommends to all national Red Cross societies the desirability of holding annually, or at frequent intervals, regional conferences upon this subject for friendly review and criticism of the measures proposed, and (b) tenders its services to all countries desiring to participate in the organization of such regional conferences.

Those present (see picture opposite) were:

Seated, left to right: SIR GEORGE NEWMAN, *chief medical officer of the Ministry of Health, London*; SIR DAVID HENDERSON, *director general of the League*; PROFESSOR EMILE ROUX, *director of the Pasteur Institute, Paris*; DR. SIMON FLEXNER, *director of the Rockefeller Institute for Medical Research*; COL. S. LYLE CUMMINS, *professor of pathology at the R.A.M.C. College, London*.

Standing, left to right: DR. R. P. STRONG, *general medical director of the League*; SIR WALTER FLETCHER, *secretary of the Medical Research Committee, London*; DR. LEON BERNARD, *professor of hygiene at the University of Paris*; PROFESSOR ALBERT CALMETTE, *sub-director of the Pasteur Institute, Paris*; DR. GIUSEPPE BASTIANELLI, *physician and pathologist to the Polyclinic Hospital, Rome*; DR. J. BORDET, *director of the Pasteur Institute, Brussels*; PROFESSOR T. H. MADSEN, *director of the State Serum Institute, Copenhagen*; DR. ALDO CASTELLANI, *professor of tropical diseases, London School of Tropical Medicine*; DR. S. TAKASUGI, *Imperial University, Tokio*, representing Professor Miura.



MEMBERS OF THE MEDICAL ADVISORY BOARD, LEAGUE OF RED CROSS SOCIETIES (See opposite page)

THE SOCIAL HYGIENE PROGRAM OF THE ARMY

PERCY M. ASHBURN, Col., M. C., U. S. A.

Commanding Officer, Field Service School, Medical Department, U. S. A.

Although I have no doubt that social hygiene is a tremendously broad subject with but indefinite boundaries, and that the limitation of the term to the prevention or control of venereal disease is unwarranted, I shall, nevertheless, discuss only that phase of social hygiene in the army. I shall not discuss such important matters as education, either scholastic or vocational, recreation, and moral training, all of which receive serious consideration in the army and all of which bear upon my subject.

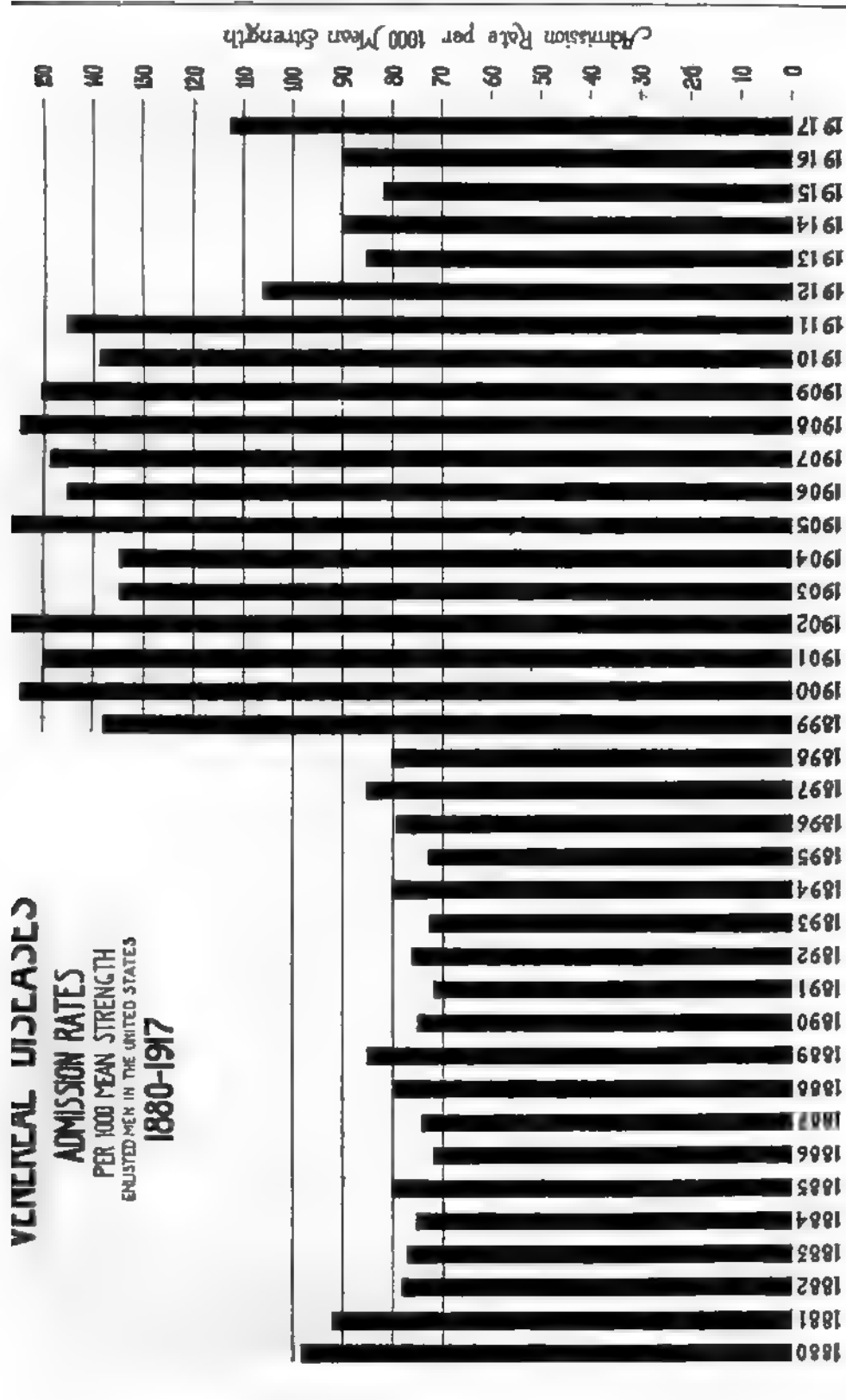
Venereal diseases have for centuries been causes of much trouble and disability in armies, not because armies are always made up of particularly immoral men, but for the same reason that these diseases prevail in mining camps and other places where many men are congregated, cut off from a normal community life. They are faced with a choice of chastity or of illicit and usually promiscuous sexual indulgence. Unhappily, human nature and human opinion being what they are, many of them choose the latter alternative, and this choice has been met or opposed in various ways at different times and by different commanders. It is stated by the *British Medical Journal* (May 4, 1918) that "the Duke of Alva had the female camp followers in the Netherlands regularly organized. The higher grade for the officers rode on horseback in fashionable attire, while the common women for the rank and file went on foot. On the other hand, Strozzi cast 800 prostitutes into a river at one fell swoop. In a Huguenot army of the sixteenth century, soldiers were compelled to marry the women. In other campaigns, soldiers and prostitutes were impartially flogged, pilloried, and put in the stocks, but none of these measures were of any use."

This paper was presented before the summer course in Social Hygiene, Teachers' College, Columbia University, July, 1920.

To the army of Charles VIII of France, which scattered over Europe after its retirement from the siege of Naples at the end of the fifteenth century, is generally ascribed the start of the great epidemic of syphilis which prevailed for the succeeding century or two. It is estimated that late in the eighteenth century two out of every three men in the French army were syphilitic. Whether or not this disease was known in Europe prior to Columbus' time and whether it was brought to or taken from America by the Spanish explorers are matters of voluminous dispute. That it has prevailed throughout the world since the century succeeding those explorations is pretty generally admitted, and Charles' army is charged with starting this wide dissemination, throughout Europe, at least. However, it is not my intention to discuss the history either of venereal diseases or of armies, so I shall come down to quite modern times and the American army, and I invite your attention to Chart I (Ch. 61, p. 193, *Report of Surgeon General*, 1918) which represents graphically the incidence of reported venereal disease in the army stationed in the United States, for the years 1880 to 1917 inclusive, the figures indicating the number of cases of venereal disease per 1000 men during the various years.

I might speculate upon the relatively low rates prior to the Spanish-American War, but I shall confine my remarks to the period of my own service, beginning with 1898, and invite your attention to the sharp rise in the succeeding years. The rates among men on foreign service were always much higher than those here shown; so you can see that, during this period, venereal diseases have been a serious problem in our army. Just why there should have been such a rise in rates after the Spanish-American War, I do not wholly know. It is easy to advance hypotheses to explain known facts, but it is not always profitable. Nevertheless, I venture the opinion that this rise was due primarily to the making over of the army after the Spanish War; to the beginning of foreign service by the army and the attraction thereby of a more adventurous and younger, less well-balanced set of men; to the institution of medical inspections for the detection of cases which previously might have neglected treatment or sought it

VENEREAL DISEASES ADMISSION RATES PER 1000 MEAN STRENGTH ENLISTED MEN IN THE UNITED STATES 1880-1917



Data obtained from the Annual Reports of the Surgeon General, U. S. Army.

elsewhere; and to a certain laxity of army opinion which seemed to result from the early years of foreign service.

As for the drop in rates between 1912 and 1917, that is to be ascribed in part to a provision made by law in 1912, that men excused from duty because of disease or injury due to their own misconduct were not to receive pay for the period during which they were so excused. Although all cases were still supposed to be reported, it is probable that many cases not excused from duty were not reported, and that the apparent reduction was not all real.

The rise in 1917 coincided with the mobilization of troops on the Mexican border and with the beginning of the drafting of the great army for the World War.

I now invite your attention to Chart II, which shows the venereal disease incidence, expressed in rates of reported cases per 1000 men per annum, for the weeks from the early days of the draft to the present time, among troops of the American Expeditionary Forces (dotted line); those in the United States (solid line); and those of the American Forces in Germany (broken line). But this is so dangerous a chart, one so apt to be misunderstood and representing figures which have been so seriously misunderstood, that it must only be considered in connection with an explanation of its meaning. It is probable that many of you have heard that the draft showed enormous numbers of the civilian population of this country to be the victims of venereal disease, and statements that from 15 to 75 per cent of the men drafted were so infected have received wide circulation. Casual examination of this chart would suggest that it supports those statements, but such is not the fact. I have shown in an article in the *Military Surgeon* for March, 1920, that the incidence of venereal disease actually contracted in the United States after entry into the army was about 45 per 1000 per annum (less than half the rate obtaining for the five years preceding the war), while the men brought in from civil life by the draft were infected with venereal disease as follows: white men, 3.22 per cent; colored men, about 21 per cent.

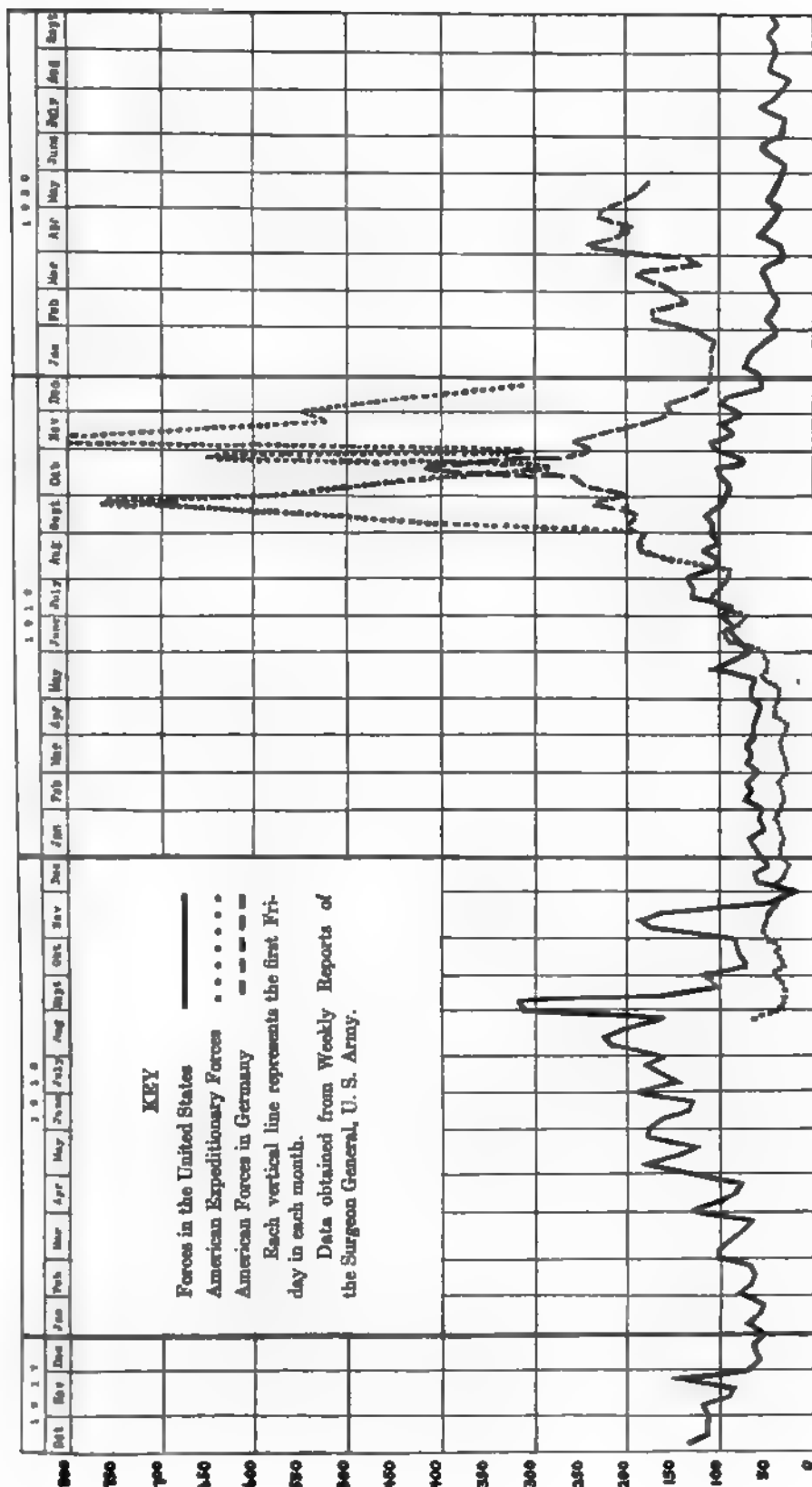


CHART II

ANNUAL ADMISSION RATES FOR VENEREAL DISEASES PER 1000 ENLISTED MEN IN THE UNITED STATES ARMY, DOMESTIC AND FOREIGN SERVICE, CALCULATED WEEKLY, 1917-20

With this information to guide us, let us analyze the high figures shown on this chart for troops in the United States in the month of August, 1918. The strength of the army in the United States in that month was 1,514,312 men. The amount of venereal disease contracted after entry into the service at the rate of 45 per 1000 per annum would be 7345 cases. Two hundred and nine thousand, eight hundred, and twenty-six white men were inducted into the service during that month, and they brought with them, at the rate of 3.22 per cent, 6756 cases. Eighty-three thousand, seven hundred, and sixty-seven negroes were inducted, bringing in, at the rate of 20.87 per cent, 17,322 cases. The total number of cases thus found for August, 1918, is 31,423 or 20.7 cases per 1000. Multiplied by 12, to convert it from a monthly to an annual rate, it appears as 248.4, which is a fair average of the five weeks shown from mid-August to mid-September. The true incidence rate was on about the same level as the solid line in Chart II. The point is that an annual rate derived from one week's figures may be very misleading, as the figures must be multiplied by 52 to make the annual rate. One man coming in from civil life with venereal disease thus makes as large a figure in that one week as would 52 new cases in a whole year. Similarly, if the annual rate were figured on one day's findings, then one case among 1000 men would show a rate of 365 for that day.

The rate in the American Expeditionary Forces was also low. Chart II indicates that it was about the same as that in the United States up to May, 1919. As to why it rose so rapidly after that time, I am not fully prepared to say, but part of the explanation lies in the loosening of restraints which followed the signing of the armistice, the psychologic and moral let-down due to release from the sense of responsibility, to final "chances" taken with French girls before starting for home, to the detection of previously undetected cases by the physical examination prescribed before embarkation, and to the estimation of rates against constantly diminishing numbers; possibly to the vaunting of the value of medical prophylactic measures.

The rates obtaining in France from the time of the armistice until May, 1919, were unprecedentedly low. This was the more

surprising because in France the conditions were extraordinarily favorable to the promotion of indulgence and the spread of venereal disease, and such stimuli to their sexual impulses as our men had never before met with were extremely common. In addition, the distance from home, the abundance of alcohol, the discomfort of the soldier's life at that time, all seemed to make for demoralization. That the rate should be low under these circumstances seemed remarkable, and an inquiry was started with a view to finding an explanation of the facts. No one at that time had any information as to the percentage of men who were chaste, as to the average number of non-protected sexual contacts to each case of venereal disease, nor as to what proportion of contacts was followed by the use of prophylaxis.

A questionnaire designed to elicit such information was submitted to men in four base sections, and 13,648 white men turned in more or less complete answers to it. The total replies covered more than 104,000 illicit exposures and 215 acknowledged cases of venereal disease, while many men failed to answer the question as to whether or not they had had such disease. On the basis of these replies, those made to another questionnaire sent out by Colonel Walker, and the numerous reports in regard to venereal disease which were sent to the Chief Surgeon's office, I concluded that antivenereal measures were effective in the following order:

1. Those that keep men chaste.
2. Those that diminish the opportunities for sexual contact, especially efforts at the suppression of houses of prostitution.
3. Those that diminish the dangers of contact, especially venereal prophylaxis.
4. Those that exact punishment.

The inquiry showed that 34 per cent of the 13,648 men answering the questionnaire had remained chaste during the time of their stay in France, a period varying from eight months to two years, and thought to average about ten months. As to what induced them to remain chaste, my opinion, based on observation, conversation with men, and gratuitous information inserted in the replies, is that by far the most important factors were those inherent in the men themselves, rather than in the antivenereal

campaign, factors such as character, religion, love, loyalty, and self-respect.

Another third of all men indulged in intercourse so infrequently as to make their chances of acquiring disease quite small; and relative continence was probably next in importance after real chastity in keeping down venereal disease.

As to how much influence was exerted by the vigorous and extensive antivenereal campaign waged in all camps and cities in the United States from the time we entered the war and throughout the American Expeditionary Forces, there is no means of knowing, but there is reason to suppose it a potent factor. Another was the powerful encouragement and aid of General Pershing's vigorous stand and action in combating prostitution and venereal disease. The influence of work, play, and amusement cannot be expressed in figures, but it was great, and the Red Cross, the Young Men's Christian Association, Jewish Welfare Board, Young Women's Christian Association, Knights of Columbus, and similar organizations, which provided amusements so liberally, did a valuable work in keeping down venereal disease, as in many other respects.

Many facts indicate that a majority of venereal contacts were most casual happenings, due often to temporary lack of other occupation or interest. That they were easily and surely prevented by a tactful word in time is clearly shown by the results of the work of a very remarkable woman in the service of the Young Men's Christian Association in Paris, who successfully separated 1100 American soldiers from French street-walkers between the hours of 8 p. m. and 2 a. m., without one failure and with but one insult from a soldier.

RELATION OF EXPOSURES TO INFECTIONS

It was evident that not nearly all exposures to venereal disease are followed by infection. The same thing is true of all other diseases. The fact that I was unable to obtain from other sources any information as to what proportion of exposures is followed by infection was one of the principal reasons for sending out my questionnaire.

From study of the replies received, I concluded that in France there were about thirty unprotected contacts with women of promiscuous sexual habits for each case of resulting venereal disease, while prophylaxis, as used in France, reduced the incidence to about one third of what it was without prophylaxis, or roughly to 90 exposures with prophylaxis for one resulting infection.

It was found in France that the presence of open houses of prostitution (and despite efforts to suppress them, they were open at times) near large stations of troops always increased the rate of venereal contacts, an increase first shown by increased use of prophylaxis and later by rise in the venereal rates.

BAD INFLUENCE OF LEAVES ON VENEREAL RATES

The experiment of sending men to leave areas, an experiment based on praiseworthy desires to interest and educate the men, had a deplorable influence on the venereal rates. The release from strict discipline and in many respects from military control, the transition from a busy life to a wholly idle one, from one wherein women scarcely entered to one in which their seductions were very appealing, and the pocketful of money that the men on leave carried, were sufficient to account for much disturbance of conduct. The unfortunate result was that the contact rate among men on leave was high, and in a short time the army rates began to rise. Investigation of each individual case then showed that from 50 to 70 per cent of the venereal disease in the armies was coming from the leave areas and towns en route thereto.

INFLUENCES THAT DIMINISH THE DANGERS FROM ILLICIT CONNECTIONS

The most important of the influences tending to diminish the dangers from illicit intercourse are (1) inspection and detection of diseased persons and their segregation in such a manner as to prevent the transmission of their diseases, and (2) venereal prophylaxis, an intelligent and controlled effort to disinfect persons who had been exposed to infection.

Inspection, if followed by segregation of infected persons, should do great good; and as applied to soldiers it is thought to

accomplish much. In our army the practice is of several years' standing, and physical inspections must be made at least as often as twice monthly. Men found to have venereal disease are placed under treatment, and supposedly under restriction of movements until freed from infectious lesions. There is some evasion of the orders, but the enforcement and results are generally good. The men are kept from spreading their diseases and are given early and good treatment. Inspection of prostitutes should theoretically likewise be of great value. That it is so is extremely doubtful. There is no doubt as to the wisdom of segregating a prostitute found suffering with transmissible venereal disease; but that routine inspection, especially inspection followed by certification as to freedom from disease, accomplishes any good result is doubtful; that it may do harm is certain. I know of no more striking evidence of the inadequacy of such inspections than that furnished by Col. George Walker, namely, that in five years only five cases of syphilis were detected in inmates of houses of prostitution in all the city of Paris. Inspection of prostitutes was a measure almost entirely ignored in the American Expeditionary Forces, and was without influence on the low disease rate.

VENEREAL PROPHYLAXIS

Venereal prophylaxis stands on a somewhat similar, yet different basis. There is some reason to fear that too great confidence in the value of prophylaxis may relieve inhibiting fears and seem to give public and official sanction to a wrong and unsocial act, and so tend to promote illicit connections. On the other hand, the duty of trying to protect a soldier from his own folly and to save his services to the government, and to disinfect him and prevent his acquiring venereal disease to which he has been exposed, is analogous to the duty of vaccinating him after his willful exposure of himself to smallpox, or that of treating him to prevent the possible loss of an eye injured in a drunken fight of his own seeking. The use of prophylaxis, *after the exposure*, is justified and a duty in that sense. As stated above, prophylaxis, as it was used in France, that is, without making allowance for errors in technique or delay in seeking it, appeared to reduce the liability to

venereal disease to about one third of what it would have been otherwise.

The venereal rate of the troops here in the United States rose after the war, and in the fall of 1919 it was running a bit higher than the rates previous to the war. Inquiries were started with a view to learning the cause of this, and a general order outlining a War Department attitude and policy in regard to venereal disease was proposed. Owing to frequent consultations by various committees, this order¹ was not published to the service until December, 1919, but since that time it has been showing good results. The essential features of it are:

1. A declaration as to the healthfulness and importance of continence on the part of all men, and a statement that prophylaxis is by no means a certain preventive of venereal disease and that the provision of it is not in any sense an expression of approval of illicit intercourse.

2. On the basis of these declarations it is announced as the policy of the War Department to continue to promote sex morality by:

- (a) Encouragement of continence.
- (b) Encouragement of efforts to eliminate prostitution.
- (c) Provision of supervised medical prophylactic facilities for those exposed to disease.
- (d) Thorough treatment of disease acquired.
- (e) Punishment for failure to use prophylaxis after exposure.

3. It outlines and prescribes a campaign for the promotion of continence.

4. It outlines and prescribes a course in sex hygiene which all men must receive, and it prescribes that the fact of the receipt of such instruction shall be noted on each man's service record.

5. It enjoins commanding officers to coöperate with and stimulate civilian agencies in the suppression of vice, and calls particular attention to the United States Interdepartmental Social Hygiene Board.

6. It continues in effect previously existing orders in regard to physical inspections and the use of prophylaxis.

7. It prescribes a system of reports which necessitates that line officers as well as surgeons shall at all times be familiar with the venereal-disease rates in their commands and shall investigate and report upon them weekly.

¹ See "General Order No. 135," SOCIAL HYGIENE, January, 1920, Vol. VI, No. 1, p. 152.

Although it was done in France, punishment, other than loss of pay during disability, is not prescribed in General Order No. 135 for the acquisition of disease, and there is reason for this. The man who acquires venereal disease is heavily punished by that fact, and furthermore, there is almost as much of chance as misconduct in the infection. If one man has but one illicit contact and acquires syphilis, as has happened many times, and another has five hundred and acquires no disease, as has likewise happened many times, which is more deserving of further punishment as a social offender?

Since the publication of this order the rates for the domestic service have averaged only half as much as they did for five years before the war. Early in September, 1919, surgeons were directed to submit to each man showing a venereal infection a questionnaire to be answered in confidence and under promise of immunity for statements made in reply to it. The replies thus far number about 8000, and they have been compiled and published by thousands as they came in. The results are interesting, but I shall mention merely some of the more important and significant facts brought out by those thus far published.

1. More than half of the cases originated at places distant from the place of service, a fact corroborative of my observation in the American Expeditionary Forces, as to the evil influence, in this respect, of leaves, of passing temporarily out of military control. The general public has a large responsibility in this matter and it should see that the soldier away from his command is treated with consideration and respect, and not actually driven, as was sometimes the case prior to the World War, to the haunts of the dissolute and vicious. It was formerly not a rare thing for sober, decent men to be excluded from good hotels and theaters because of their uniforms.

2. A little more than a fourth of the infections were acquired in houses of prostitution. This is very important for two reasons, as showing that such houses do not flourish in America as in some other countries, and also as indicating plainly that the total abolition of them, harmful as they are, would not be a solution of the venereal-disease problem. An increase in the proportion of cases

contracted in such houses is shown in successive reports, the rise being from 21 to 41 per cent of the total of different thousands. The full significance of this change I do not know.

3. Drink was a possible factor in but 15 per cent of the cases, and the percentage varied little in different thousands. This low figure is doubtless related to the legal prohibition of the sale of alcoholic drink, but again we must be careful not to expect too much as the result of a desirable condition. I suspect that alcohol has in previous years been an important factor predisposing to venereal disease by its effect in lowering self-control, impairing judgment and favoring heedlessness, but sexual desire is not and never was dependent upon alcohol, and we must not expect prohibition to abolish promiscuity in sexual intercourse.

4. Half of the infections in the army follow the use of prophylaxis, a fact sufficient to prove that measures of disinfection are no proper substitutes for chastity.

5. Forty-two per cent of the men paid nothing for their infective intercourse, and the average price paid by the others was \$3.00. These two facts are of great importance, as they reveal, I think, the reason why women indulge in illicit intercourse—in most instances for pleasure or for money. Two fifths of those who did so appear to be moved by the same reasons as influence men, desire for personal gratification; and girls, like boys, need training in self-control and in character. Women, like men, are human, self-indulgent, and weak, although possibly less so as a rule, than men.

6. Eighty-eight per cent of 8000 infected men admitted that they had received instruction as to the dangers and avoidance of venereal disease. This fact has been a source of disappointment to some, who seem to have imagined that in instruction lay the complete remedy for the greatest of social evils. There was no reason to believe that. There is no reason to believe that it ever will be true. Unhappily, the instructed people in this world are not all virtuous in any single respect. Yet instruction helps. But the instruction which helps most is that which tends to make a strong character. Instruction to the effect that fornication is a social evil and that venereal diseases constitute great dangers

is of minor importance. It is the nature of youth to be bold and venturesome and to take risks, and we may be thankful that such is the case; but it is also its nature to cherish ideals and to act generously, and it is through these traits, through training of the emotions and the will, rather than through instruction, that we may obtain real results.

In January, 1920, I started an inquiry which embraced sound as well as infected men, and I have just completed a study of 14,444 replies. This inquiry showed that chastity was as common in the latter half of the year 1919 and early 1920 as it was in France, 34 per cent of the men who answered claiming to have been chaste for a year. Of those who admitted illicit sexual intercourse, 879 confessed to venereal infection, while 184 refused to answer in regard to it. Assuming that all these had acquired infection, then 11.2 per cent of unchaste men became infected in the course of the year. An astonishing fact was that in the whole number of replies the rate of venereal infection after the use of prophylaxis appeared higher than after its neglect, there being but one infection to 305 exposures without prophylaxis, while there was one to 288 exposures followed by its use. The explanation was soon found in the fact that the men acknowledging the most frequent intercourse were, in general, not the greatest users of prophylaxis, and the assumption that many of them had mistresses whom they trusted seems to be justified by the figures. On the other hand, a separate inquiry limited to infected men, and which to the present embraces 8000 cases of venereal disease, indicates that the average number of exposures in a year for each infected man was 14.5. An attempt was therefore made to divide the unchaste men into two groups, as they probably had intercourse with mistresses or with promiscuous prostitutes. For this purpose it was arbitrarily assumed that men having intercourse more than fifty times in the preceding year belonged to one group, and those indulging not more than fifty times to the other. Whether or not this assumption was justified, the separation of the two groups was helpful, the results interesting and much more informing than that of the undivided whole. For

convenience the groups will be referred to as the high-contact and the low-contact groups.

HIGH-CONTACT GROUP

The high-contact group showed a very low proportion of infections to contacts and showed a considerably higher proportion after the use of prophylaxis than after its neglect. So in this group the showing appears very unfavorable for prophylaxis until it is considered that most of these men trusted their mistresses and did not use prophylaxis except when they indulged elsewhere or had reason for distrust. The internal evidence suggested that most men who did not stick to the truth in their answers belonged to this high-contact group and that many exaggerated their virile prowess. This group is therefore thrown out of consideration.

LOW-CONTACT GROUP

Deducting the chaste men and those claiming to have had more than 50 contacts each during the year, there remain 8291 more men who admit having had intercourse and who also admit 671 infections. But 2332 of these men, although admitting 182 infections, failed to state how many times they had had intercourse, and practically all of them also failed to state how often they had neglected prophylaxis, the entire 2332 specifying but 43 neglects. Eliminating these cases as useless, we have 5959 men who had less than 50 contacts each, who admit 85,040 contacts, 34,165 neglects of prophylaxis, and 589 infections, thus showing an average of 14.2 contacts per man and one acknowledged infection to 144 exposures. Ninety-nine men in this group failed to state whether or not they had acquired venereal disease. The assumption that they had would bring the total of infected men in the group to 688, or 11.5 per cent of the group, and would show one infection to 123 exposures, a figure agreeing remarkably with the results of the inquiry which thus far embraces 8000 infected men and which shows an average of 14.5 exposures during the year for each infected man. (If infected men really represent 11.5 per cent of the total, then 14.5 exposures per man would mean one infection to 126 exposures.)

There was one admitted infection after neglect of prophylaxis to 120.7 exposures without it, and one admitted infection after its use to 172.4 exposures possibly followed by its use, indicating that the use of prophylaxis reduces the liability to infection by 30 per cent. This agrees strikingly with the results shown by the inquiry answered by 8000 infected men, in which instance the decrease of infections to exposures was 29 per cent. There were 11.3 unprotected exposures for each infection without prophylaxis, compared with 15.9 exposures with prophylaxis for each infection following its use.

DISCUSSION

I regard the results of this inquiry as more reliable than those of the American Expeditionary Forces inquiry, because in that instance I received only one fourth of the men's papers myself and it was not possible for me to evaluate the others. I now recognize sources of possible error which I did not then recognize; the division into high- and low-contact groups was not made in the same way as here; and that inquiry covered widely varying periods with an uncertain average, whereas this covers a definite period.

As stated before, this inquiry supports the belief that chastity is the most important factor in producing low rates. It also supports the belief that chastity is largely influenced by public opinion and, in the army, by the official attitude in regard to it. Section II of General Order No. 135, War Department, December 23, 1919, expresses a Department attitude definitely opposed to illicit intercourse, to all recognition, encouragement or regulation of prostitution. It directs all officers to support the sound policy outlined, and it calls for such frequent and explicit reports as to keep all surgeons and commanders informed at all times as to conditions obtaining in their organizations. Current weekly reports of venereal-disease incidence indicate that it is having an excellent effect.

Unchaste men are no more continent in the United States than they were in France. In fact they seem to be less so, as the reported contact rate is much higher. Presumably this is due to

lack of the barrier of a different language and to the constant presence of women (i. e., the absence of devastated or army areas, as in France, in which women did not live). It is possible that the distracting interests of the campaign, seeing strange country, visiting points of interest, and active welfare work after the armistice were more potent in France.

Illicit intercourse appears to be much less dangerous in the United States than it was in France, although it is admitted that the means for estimating its dangers in the American Expeditionary Forces were not so good as those presented in this inquiry. It certainly appeared, though, that there was much greater promiscuity abroad than here, which would of course make for higher infection rates among both men and women. A factor of possible importance is that the attitude of American communities is much more unfavorable to the existence of houses of prostitution and of licensed prostitution than is that of France. Whether or not prohibition of alcohol will in general tend to lessen illicit sexual indulgence is doubtful, but it seems probable that it tends to reduce the liability to venereal disease by making men less reckless as to when and where they indulge, and less apt to seek women known as prostitutes.

The evidence that one third of unmarried white males of military age are chaste for a considerable period, and that about one-ninth of the unchaste become infected with a venereal disease in the course of a year, which means that about 7.4 per cent of the total become infected in a year, makes an interesting comparison with my finding that 3.22 per cent of *white* men drafted in 1918 had venereal disease.² This would indicate that the accumulated infections acquired in five months in civil life were detected at or soon after entry into the service. Although not all infections acquired in that period were detected, it is not very improbable that older cases of chronic gonorrhea and of syphilis made good the discrepancy, and each investigation is thought to support the findings of the other.

² Ashburn, P. M. "Statistics of Venereal Disease in the Army in the United States in 1918." *Military Surgeon*, March, 1920.

Medical prophylaxis of venereal disease appears less effective than the American Expeditionary Forces inquiry indicated, but still worth while. My estimate there was that one infection followed 30 exposures without prophylaxis or 90 exposures with it, figures varying widely from those obtained here. But it is noteworthy that Colonel Walker, as a result of an investigation covering 240,000 prophylactic treatments given in France, concluded that 1.3 per cent were followed by infection, or one infection to 77 contacts followed by prophylaxis; so it appears that sexual contacts there were really more dangerous than here. There is little doubt in my mind that the exaggerated claims made as to the efficiency of prophylaxis in the American Expeditionary Forces did harm by removing from many men wholesome fear of venereal disease, by giving some men the idea that illicit intercourse was sanctioned, and by causing others to lose faith in prophylaxis and to cease using it when they saw many of their comrades contract disease after its use. All medical men should take to heart the lesson of the importance of having a *basis of comparison* when trying to estimate the value of prophylactic measures. A basis of comparison for American use, which should stand until refuted by more thorough study, is herein furnished. For months it was claimed and taught that venereal prophylaxis was 99 per cent efficient because approximately only one exposure out of a hundred was followed by venereal disease after its use. According to my American Expeditionary Forces figures, only $3\frac{1}{3}$ infections per hundred would follow without any prophylaxis, and, according to this inquiry, only one in 120. The truth about prophylaxis is worth telling; exaggerations are harmful. Prophylaxis is enough efficient that it should be used after any illicit intercourse; it is not so efficient as to justify any man in assuming any risk of infection and counting upon use of it to compensate for his lack of self-control.³

³ Ashburn, P. M. "Concerning Venereal Prophylaxis." *Journal of the American Medical Association*, May 8, 1920.

THE AMERICAN NEGRO AND SOCIAL HYGIENE

CHARLES V. ROMAN, M. D.

Former President, National Medical Association

Health and longevity, within certain limitations, are purchasable commodities. All may buy who are willing and able to meet the terms. In a large measure this is also true of morals. Standards of health and moral ideals are mutually complementary and measurably determined by heredity and environment. Morbidity and mortality are deeply influenced by conduct, and yet the conduct of an individual or a group cannot always be inferred from the incidence of disease, nor can the status of morals be determined by a registered death-rate. The American Negro has been so influenced by his heredity and so hampered by his environment that it is difficult to determine the measure of his responsibilities, especially in matters of morals and health.

This discussion is confined to social-hygiene problems as they find peculiar development among the colored people. In such a study it is difficult to establish indisputable facts, which, of course, increases the fallibility of any deductions or explanations that may be offered. I shall therefore stay within the limits of my personal experiences and professional observations.

About twenty-five years ago I was rudely shocked by the arrest and conviction of an old colored physician upon the charge of procuring an abortion. I had known the old man for many years and had regarded him as an exceptionally well-balanced and upright individual, with strong personal opinions and independent standards of conduct. He was seriously pious and earnestly altruistic. I had never thought of this man in connection with crime. The evidence brought out at the trial showed him to be a victim of circumstances rather than an intentional criminal, and he got off with a light sentence. Popular sympathy, in which I joined, favored him.

The old doctor returned from the penitentiary neither repentant nor humiliated. The arguments with which he justified his conduct in the face of my reproof shocked and astonished me, but aroused in me an interest in sex matters that has gathered momentum with years. This old black man, with the incitement and collusion of both the prospective parents and their friends, interrupted the course of gestation in a white woman, and felt no sense of guilt. All of the participants were equally free from compunctions of conscience. I was interested and puzzled. It took me a long time to find a satisfactory explanation of the conduct of these people.

My final conclusion was that human reason has not yet devised a code which harmonizes individual interests with social welfare. Here is the heart, not only of the sex problem, but of the social and economic troubles that have alternately caused and defeated revolutions since history began. Conduct and convention deviate to the breaking point, then mix up and start all over again in the same directions, to repeat indefinitely the vicious circle. The times are ripe for resetting the landmarks of convention and restating the standards of social morality. It is the duty of all good citizens not only to take a hand in this work but to study and inform themselves that they may intelligently help others. Thoughtful colored people are very much at sea just now both in religion and in morals. The spirit of intolerance and extremism so manifest in all phases of our socio-economic life to-day is particularly pernicious among colored people. There is danger of losing the landmarks in the attempt to reset them. The necessary inhibitions of civilization may be destroyed in the effort to establish freedom, and self-determination may end in anarchy instead of democracy.

The emotionality of the colored man's religion has often militated against its practicality; that is, his moral practices have not conformed to his spiritual professions. Judge Stevens, of Winston-Salem, told me that in investigating the life-history of Negro criminals, he was surprised to note that he seldom found an adult who was not or had not been a member of the church. The actual fact of this failure of the Negro church to influence the moral

conduct of its members would probably explain many phases of the racial problem. It unfortunately conforms also to what the colored man believes of his white brother. I am quite sure that some religious missionaries of the white race would be surprised to know the opinions that illiterate colored people have of "white folks' religion." How clearly each sees the mote in the other's eye!

The mysteries thrown about religion often darken the counsels of practical wisdom. This undesirable condition becomes a social calamity when pathology is used to interpret the ways of Providence and disease is regarded as a moral agent for the protection of the innocent. Nature is inexorable and without sympathy, but she is also fair and without prejudice. She respects only obedience and intelligence, having no mercy on ignorance nor sympathy for innocence. Social hygiene is inextricably bound up with the sex relations, and the so-called "venereal diseases," by their frequency and destructiveness, make not only our most interesting and perplexing health problems but our most complicated and discouraging moral questions.

Available statistics indicate a higher venereal rate among colored Americans than among white. This statement is subject to many qualifications and reservations. The figures are undoubtedly tinged with prejudice. Comparisons to be just should be made with similar grades and classes, and the statistics should be gathered under like circumstances. This was seldom or never done, not even in the army. (The colored physicians within and without the army are unanimous in their testimony of unfairness to colored soldiers in health and administrative matters.¹) But

¹ A striking illustration of this kind of reasoning is to be found in a recent number of a reputable medical journal (*American Journal of Ophthalmology*, Vol. iv, No. 1) in which some comparative anatomical generalizations are made concerning the structure of the nasal canal. The conclusions are based upon the examination of 15 white individuals and 9 colored individuals. The youngest one of the whites was 23 years old, the youngest of the colored was 65. The oldest white was 67; the oldest colored, 90. The combined age of the nine Negroes was 652, while that of the fifteen whites was 629, making the average for the whites a little less than 42 years; for the colored a little more than 72 years. When we consider the well-known changes that time brings in the structure of the face, the unsoundness of any comparative data which ignore these changes must at once be apparent.

when all is said and done the higher incidence must be admitted. The colored people need to be convinced of the facts and their importance. This duty, of course, falls primarily upon the colored medical men, who see the facts and appreciate the situation. But they need both encouragement and help. There are some very essential facts of the race situation that seem to be ignored, suppressed, or unknown by one side or the other in practically all of the discussions of the color problem in this country. The venereal-disease incidence is not sufficiently understood by the colored people. Yet the prevalence of venereal diseases bears a demonstrable relationship to the average intelligence of a community. And the rate among colored people shows an unvarying relationship to that of the whites for the same community: highest where highest among whites and lowest where lowest among whites. The frequent co-existence of the tubercular bacillus and *Spirochaeta pallida* is another condition found among colored people to which the rank and file of the medical profession are not fully alive.

One of the purposes of social hygiene is to "advocate the highest standards of private and public morality." This is a phase of the work of which the colored people stand particularly in need. The home is not only the first and most important social unit, but it is the basis of civilization. Sexual promiscuity is in direct antagonism to the home. The heritages of slavery and the handicaps of race prejudice have played havoc with the home life of the colored people. This is the steepest grade on the long and weary road from serfdom to citizenship. Here is the race's weakest point. The slum life of the city and the poverty and illiteracy of the country are cunning and dangerous enemies to the personal purity and self-restraint of good homes. The abolition of the open saloon and the red-light district has been a Godsend to the Negro home. It has been truthfully said: "What can most be depended on to stand against the alluring circumstances of a tempting occasion are fixed principles and fixed habits of thought and character. These are the effects of rearing and of lifelong education, rather than of sporadic efforts spent on adults." Next to the home the public school is the most available and effective

teacher and guardian of individual and public morals. Here again the neglect of schools for colored children creates a distinct gap in the chain of defenses against a lower social morality.

Health problems begin with the souls and not with the bodies of men. Tried by the standards of aspiration and self-help, the colored people qualify as a deserving group for social reinforcement. The colored woman resents the promiscuity of the colored man and hopes for the dawn of a better day. Nor is the colored man completely unresponsive to the single-standard appeals. He usually recognizes the injustice of prostitution. Not only are the colored people deserving of help, but they are worth saving. Competent army medical authority, after an exhaustive investigation, concludes that "the Negro seems to have more stable nerves, has better eyes, and metabolizes better. Thus in many respects the uninfected colored troops show themselves to be constitutionally better physiological machines than the white men."

Reproduction is as important to society as nutrition is to the individual; for social continuity depends upon the succession of individual lives as individual bodies depend upon cell life and reproduction. Social health, therefore, requires not only the structural integrity and normal functioning of the individuals composing the group, but the ability and willingness upon the part of those individuals to produce offspring fit to succeed them.

The scarcity of children among educated colored people is one of the striking phases of the social-hygiene problem as it affects the race. The fact of this scarcity is too patent to need proof. What is the explanation? Is it physical, mental, moral or environmental? My opinion, based on personal observation, thought, and experience, is that all four factors enter into the problem, but that environment is the most important. The moral status of the colored people has been greatly influenced by the handicaps of racial prejudice. In private practice I have frequently heard intelligent and upright colored women say they would rather die than to bring children into the world to suffer what they had suffered. Infanticide and abortion, those gruesome American vices, are not unknown in the social life of colored America. On the other hand the doctrines of birth control are finding many devo-

tees among intelligent colored people. I recall very vividly a case of mine where four successive full-term stillbirths were followed by a self-induced abortion that ended fatally. What advice should have been given this young and apparently healthy mother? Society has no right to unsex people, nor to force unwilling parenthood upon any one. Instruct such women intellectually and morally and leave them the freedom and responsibility of a decision.

Health not only comprehends the physical integrity of our bodies and the normal coöperative functioning of their organs, but our moral practices and our spiritual aims. Beliefs and hopes lie within the connotations of health. A man must *be* before he can be anything. The right to live may be conceded, but the ability to do so must be asserted, demonstrated, proved. When the returns are all in, moral purpose is quite as important in matters of health as physical stamina. All of this the Negro sees as through a glass darkly, and feels as a strange and not understood activating motive.

Inertia is more dangerous to reform than opposition. A voice crying in the wilderness is typical of a teacher of a new doctrine. Heedlessness precedes opposition as opposition presages interest. The bulk of our colored population forms a fertile field for social-hygiene work. Not only does the awakening racial consciousness of these people render propitious the present time for spreading the principles of social hygiene, but any common effort in a good cause will tend to lessen the acuteness of those growing angularities of racial differences that bode no good to the republic. The believers in human brotherhood have never been able to formulate a workable definition of their doctrine. The nearest approach to a workable formula is the ethical equivalent to the mathematical axiom, "things equal to the same thing are equal to each other." People who will work for the same ends will work for each other. If the social order is not to collapse, the whole of civilization must be infused with spiritual values and goals. It is not only a moral privilege but a patriotic duty to strengthen the ideals of social purity and widen the horizon of

social justice among all elements of our population during this period of reconstruction and change.

The colored people are now at that stage of racial evolution where the blandishments of personal appeal outweigh the influence of rational argument. Reading is not general enough for effective missionary efforts by the printed word. But if the lines of policy are wisely laid, the race presents a peculiarly inviting field for the operation of the forces of social betterment—a field at once accessible and responsive, where personality is at a premium and adaptability means success.

GALAHAD, KNIGHT WHO PERISHED

*A Poem to All Crusaders against the International and Interstate
Traffic in Young Girls*

Galahad . . . soldier that perished . . . ages ago,
Our hearts are breaking with shame, our tears overflow.
Galahad . . . knight who perished . . . awaken again,
Teach us to fight for immaculate ways among men.
Soldiers fantastic, we pray to the star of the sea,
We pray to the mother of God that the bound may be free.
Rose-crowned lady from heaven, give us thy grace,
Help us the intricate, desperate battle to face
Till the leer of the trader is seen nevermore in the land,
Till we bring every maid of the age to one sheltering hand.
Ah, they are priceless, the pale and the ivory and red!
Breathless we gaze on the curls of each glorious head!
Arm them with strength mediaeval, thy marvelous dower,
Blast now their tempters, shelter their steps with thy power.
Leave not life's fairest to perish—strangers to thee,
Let not the weakest be shipwrecked, oh, star of the sea!

By permission of the Macmillan Company, from *The Congo and Other Poems*, by
Vachel Lindsay.

IS "STIGMA" REMOVABLE?

MRS. ADA E. SHEFFIELD

Director, Bureau on Illegitimacy, Boston, Massachusetts

In discussing the possibility or desirability of removing the "stigma" from the unmarried mother and her child, we frequently find the proponents of the two sides talking at cross-purposes. Two people of apparently equal experience and warmth of sympathy will contend, A. that in the name of humanity the stigma can and should disappear, B. that it can disappear only with the disappearance of monogamy, which it follows as the shadow follows the sun. A. thinks B. narrow-minded, while B. is convinced that A. is a sentimentalist. Does not the disagreement between them arise from their using the word "stigma" in two different meanings? These meanings are, first, the sentiment of society toward the unmarried mother and her child, and second, the manifestation of this sentiment. A man may have a keen disapprobation for illicit love, and may believe birth out of wedlock to be an indelible stain on the child; yet he may avoid making the child aware of that stain. Public sentiment toward an obvious disregard for canons of sex conduct and toward its consequences is a different thing from the modes, organized or unorganized, by which society reacts upon that sentiment. Keeping this distinction in view, let us take up the stigma first as attaching to the unmarried mother herself.

The reasons for the sentiment against a woman who has given birth to a child out of wedlock are merely the obverse of those that lie behind the sentiment for monogamy. A permanent union between man and woman represents certain distinctive social values. That it tends to sublimate sex and give it meaning is the consensus of opinion among advanced races. Even Ellen Key, appar-

This paper was presented before the forty-seventh annual meeting of the National Conference of Social Work, New Orleans, April, 1920.

ently spokesman for a minority defense of transient wedlock, asks only that we should not regard permanent union as the "sole moral standard"; she does not deny that where it coincides with love it affords its highest expression. The ceremony which sanctions such a union does more than make it technically "legal." It calls upon the community to witness that two people are joining their lives with the intention of being responsible for offspring. Ordinarily it is a sign that they desire children, or, to express it differently, that they expect to realize the meaning of sex through the creation of new life. A permanent union transmutes also the crude instincts for possession and companionship. It draws them into interests which make up the serious content of living. This aspect of marriage has been tellingly expressed by Santayana: "Love itself dreams of more than mere possession. To conceive happiness, it must conceive a life to be shared in a varied world, full of events and activities which shall be new and ideal bonds between the lovers." Companionship of this sort requires qualifications both of endowment and of discipline—an endowment in stability of emotion, a discipline in the candor plus sympathy and control that make for loyal relationships, an established conception of the harmonious home. Such qualifications, obviously, are in themselves values identified with the permanent union.

If a permanent bond tends to elevate the relation between the sexes, both this bond and the higher relationship it fosters make a congenial medium for the development of children. The human infant, being, as Hocking puts it, of all animal infants the one "with instincts the least fixed, with brain most unfinished, his powers of habit-making and habit-changing most marked, his susceptibility to social impressions keenest," has the longest period of helplessness. He depends for his physical well-being, for the incubation of his character, and for assimilating the social heritage to which he is entitled, upon a long-continued union between his parents.

These are the values which married maternity conserves, and which in spite of many individual failures have met with a fair measure of success for the race. Such being the case, one must ex-

pect to find that illicit love involves the violation or negation of these values. It involves, to begin with, no sublimation of sex desire. The transmuting of a crude appetite, as Hocking observes, requires the prolonging of the "vestibule" to its satisfaction in order that its ideal potentialities may assert themselves. No such overtones of sex can gather where its gratification is precipitate and rash. Illicit love involves likewise no sublimating of the instincts for possession and companionship. Entered into with no desire for children, no expectation of permanence, and no responsible purpose, it condemns the lovers, as Santayana puts it, to mere possession. "It is love among the ruins—among the ruins of all they might have been to each other."

The levity and irresponsibility that disregard ideal values such as these inevitably create a presumption against the qualifications of transient lovers. Young men and women—especially the women—who form transient unions are apt to prove to be among those least endowed with or disciplined for the potentialities of love. This is not to say that unmarried mothers are necessarily apt to be inferior to the extent of being feeble-minded or psychopathic. It is rather that in general one may expect to find them among the less intelligent, the less stable of the women in their walk of life. One finds them coming from homes which have afforded the least training in the art of getting on with and making the most of one another, or which have established no conception of dignity and attractiveness in family life. These are the "broken homes," or the homes where the parents themselves are too undisciplined to qualify their children for anything ideal in marriage and parenthood.

Besides this presumption against the human quality of the unmarried parent, illicit love carries an actual disqualification as its consequence. Popular thought has put this somewhat brutally in the adage "A woman soiled is a woman spoiled." Like all such bits of compressed social wisdom, this is a sort of deposit from the long, retrospective experience of the race. The woman is injured as a nucleus of the ever-expanding aspirations of married life, for she must carry into that life a memory that hurts the dignity of monogamous possession as something won by per-

sonal worth. At best something hangs over that needs to be explained. It should be obvious that what holds true of the woman here, holds true also for the man.

Illicit love involves finally some sacrifice of the child's social heritage. If we recognize the practical and spiritual advantage to children in being initiated into customs and traditions by responsible representatives of the clan, we must admit the social handicaps under which illicit children grow up, even under the best mitigating conditions which society can hope to supply.

A society which aims to conserve all these values that go with married maternity must necessarily disapprove their violation. This awareness of violated values is "stigma" in the first sense noted. In the woman's case it means a felt presumption against her personal quality, a recognition of her injured potentialities for a married future, and a sense of her disregard for her child. In the case of the man, society is, of course, inconsistent. For him the violated values are really the same, but society, conceiving the home as the distinctive sphere of woman, regards his impairment for home values as a loss in his merely secondary rôle. With a public tolerant of incontinent men, one expects to find among them, more than among incontinent women, persons of fair intelligence and background. Just how strong the stigma is against unmarried fathers it is hard to say, but one may safely assert that if it were stronger, it could well replace fear, whether of the law or of disease, as a deterrent to illicit love. In the case of the child, society is "aware" that its social heritage is mutilated. Of all these values society's recognition carries with it, as an inexorable corollary, a prejudice against their negation, and this prejudice is "stigma." To protest against "stigma" in this sense, therefore, is to protest against the logic of cause and effect.

It seems probable that the stigma varies in intensity in different communities as well as under different social conditions. In communities which have been long established, whose members are well acquainted with each other, and who have grown to prize "good stock," the sentiment against illegitimacy is probably at its height, whereas there is some evidence to show that where population is mobile and people know little about each other's

background, the sentiment hardly checks an unmarried mother and her child from becoming absorbed into the common life. It also appears likely that the stigma is indirectly affected by the proportion of males to females at any given time. After a devastating war it should not be surprising if there is an increase in the proportion of illegitimate births. One would expect that at such periods the stigma against the woman and child would become distinctly less, not only because the number of unmarried mothers would be greater, but because their character and ability would be of a higher order than is the case under normal social conditions. The better the grade of women who bear children out of wedlock, the less will be the sentiment against them. ?

Although the sentiment against illegitimacy is inseparable from a respect for married maternity, the manifestation of the sentiment should not be such as will make the stigma upon the unmarried mother irretrievable. The cruelty of the old mode of expressing the stigma through punishment was not alone that the forms of punishment adopted were extremely harsh, but that they often inflicted a public humiliation which neither the woman herself nor the onlookers could ever forget. Pillory and flogging seemed designed to destroy self-respect, the very basis of redemption. Much as we deprecate this wanton vindictiveness of our forefathers, however, we have to recognize that any feeling of disapproval which society holds against a certain course of conduct will inevitably be expressed in one way or another. If not through punishment—society's organized mode of making disapproval felt,—it will be through ostracism—its unorganized mode. At present,—with exceptions, of course,—people show their disapproval by reproaches and slights rather than by aggressive unkindness. Distracted parents may point out to a girl the disgrace she has brought upon them; acquaintances of the same sex, partly to guard their own reputations, may draw back their skirts; while boys and men may become significantly familiar. Even charitable persons who feel toward the unmarried mother nothing but pity reflect the common attitude. Pity is not respect, and will be felt by any sensitive woman as an incipient contempt quenched by kindness. The thing we should aim for

then is not to remove the stigma, a futile attempt with our present sex ideals, but to give the unmarried mother ample opportunity to win back her good name, and to bend our influence toward getting her respectability recognized when she has achieved it. Could she be brought to look upon her situation without prejudice, she would realize that the long experience of society raises a presumption against any one who has violated canons of behavior, and that she cannot expect every acquaintance to take time for inquiry into palliating circumstances. What she can ask is that those who come in contact with her should be open-minded and just enough to discontinue their ostracism once they are confronted with evidence that she is respecting tribal mores. We have encouraging instances which indicate that a woman may return with her child even to her native village, and by continued good conduct earn again the public esteem she had lost.

The stigma on the child differs from that on the mother in that it is undeserved. This very naturally leads people to feel that something should be done to remove it, and they usually turn first to the law as being a formal and written expression of public opinion which can most readily be changed. Certainly any mitigation that can be brought about in this way should be done. But in view of the basis for the stigma it seems doubtful whether a change in the legal status of the child will greatly affect his social status. People think slightly of the child born out of wedlock simply because of a deep-rooted popular notion that heredity counts. Just as in the case of an embezzler's son, they wonder whether a dishonest streak or furtive uncontrol are not there awaiting their occasion. So long as people discountenance illicit love and betrayal of financial trust, just so long will they feel somewhat less respect for the child disabled by such a background. If, however, the public makes sure that this child has as nearly as possible equal opportunities for education and advancement with the legitimate child, and if a reasonable number of these children make the most of such opportunities and become good citizens, then may we not expect the stigma that rests upon them to soften? They, like their mothers, can build a web of vital relationships by which life will retrieve its mutilated beginnings.

COLONY CARE FOR ISOLATION AND DEPENDENT CASES

CHARLES BERNSTEIN, M.D.

Superintendent, Rome State School, New York

There are at least two very good arguments in support of colony care for those who are subject to or in need of assistance during the period of their incapacity or enforced limited freedom and action, namely:

First: the great need of making the limited funds available reach the largest number possible.

Second: rendering the enforced restriction of freedom and economic and social limitations as humane and as little humiliating as possible.

We all realize that with the inadequate funds provided or obtainable, as well as the limited housing accommodations available, for the care of these classes under ordinary methods of procedure, especially where the individual requires so long a period of continuous custodial supervision, it is possible for us effectually to provide for only a very small percentage of our cases. Under the colony system, where the earning capacity of the individual is early elicited and thus the greater part of the expense met from the earnings and thrift of the unfortunate individuals, much larger numbers may be provided for.

Numerous large and medium-sized houses well suited to the purpose are readily available, either through rental or purchase as the needs and funds may warrant, and even though the initial funds are small, rental is always possible and, as I see it, most advantageous, as thus we never have taxes, insurance, and repairs burdening us to the point of despair. Under this plan, too, there need be no long delay in instituting and extending the work as the need presents, as there otherwise is when new structures are de-

manded especially planned for the work and long and impatiently awaited.

Here, too, because of the small and various units dealt with, a large variety of occupations best fitting the various local groups and communities may be instituted, which may be easily and readily varied to meet changing conditions of individual occupants as well as local demand.

The humane as well as the non-humiliating aspect of the work, especially as applied to the social-hygiene program, should not be lost sight of, for surely it is as much our duty to be considerate of these individuals and their interests as it is the duty of society to limit the sphere of their activities during their infection period. The groups should be kept small and their interests varied, and especially each one's self-respect and individual human interests should be encouraged and supported. In this way we can prepare for discharge not a browbeaten, forlorn, and discouraged individual, but rather a hopeful, self-respecting, independent human being.

It is our experience that the unit of from sixteen to twenty-four girls or boys living in a colony under the supervision of a man and wife, or girls under a woman and an assistant, can easily earn enough to support the unit and in prosperous times have a little surplus for individual savings. In this way self-respect is engendered in the individual, rather than dependency, humiliation, and discouragement. Instead of handing out alms we are supervising self-earned support and instructing our patients not only in hygiene and the inhibition of animal impulses, but also in habits of industry and honorable self-support, the sheet anchor of moral prophylaxis.

Miss Prince, in a recent article in *SOCIAL HYGIENE*,¹ stated that 140 girls in colonies earned \$24,000 in the year 1919. During the fiscal year ending June 30, 1920, 180 girls earned \$40,000 and were entirely self-supporting, with savings to the amount of \$4,672 in the savings bank to the credit of 122 girls. Also 200 boys had done equally well and 110 boys had individual savings bank accounts to the total of \$4,683.

¹ "Colonies for Feeble-minded," Vol. VI, No. 3, p. 364, July, 1920.

We now have 24 of these colonies scattered pretty generally about the state of New York, 14 for boys and 10 for girls, with a population as follows:

	Male	Female	Total
In colonies.....	312	237	549
On parole at home.....	81	46	127
On parole working.....	49	56	105
Totals.....	442	339	781

In addition to the above, 97 boys and 57 girls were discharged during the year, after passing through colony care and training, and having therein proved themselves trustworthy, they were promoted as indicated in the above statistical statement to parole, and finally, after a successful experience on parole for an indefinite period, depending on the reaction of the individual, to a full discharge. However, even after full discharge, a general follow-up supervision is maintained for so long a period as conditions seem to warrant. In a few instances, of course, cases have to be returned to the colony, or to the parole status, or even a small number must be returned to the parent institution.

These figures show that over one third of our total population of 2100 is provided for outside the central institution, at a saving of over \$500,000 in housing and bed capacity over the cost if these cases were housed in the home institution. In addition thereto the state is saved the annual maintenance cost of \$250 to \$300 per inmate for over 700 patients, totaling more than \$200,000 annual saving. But of greater value than all this money saving is the conservation of human resources in the most humanitarian manner, which reacts not only to the advantage of the individual, but also to the benefit of the state.

A recent review of the work carried on at the great colony at Gheel, Belgium, carries the very significant statement: "Daily experiences at the colony demonstrate that many cases which are dangerous in the home life of their own families are absolutely calm and orderly at the colony."

Here we have proved again, if such is necessary, that what many of our social misfits and mentally alienated subjects need is not lock-ups and custodial institutions and prisons, or even hospitals, except the latter for purposes of classification, but rather changes of environment. They need, not the restraining influence of brick walls and iron enclosures and guards, but rather the sustaining, diverting, and comforting influence of a modest sanitary home, presided over by a house mother with feeling and insight bred of experience.

Verily it is true that social hygiene and mental hygiene are closely interrelated and interwoven.

A SUMMARY OF THE WORK OF THE UNITED STATES INTERDEPARTMENTAL SOCIAL HYGIENE BOARD, 1919-20

THOMAS A. STOREY, M.D., PH.D.

Executive Secretary, United States Interdepartmental Social Hygiene Board

The startling frequency and universal distribution of the venereal diseases, the type and habits of their human carriers, the useless waste of human vigor, human productivity, and human life which they inflict upon the people of the nation, and the proven possibility of their practical control are powerful national arguments that wholly and completely justify the program of the United States government for the assistance of its constituent state governments in the control and eradication of these diseases.

We find that during the fiscal year ending June 30, 1920, there were 14,000 cases of venereal diseases reported in the army, 21,000 cases reported in the navy, and 326,000 cases (men, women, and children) reported to state boards of health from the civilian population. The probabilities are that the total number of these cases in the civilian population of the continental United States during this period was very considerably in excess of the number reported to state commissioners of health. Rather conservative estimates made by the American Social Hygiene Association place this number in the civilian population at 1,106,000 men and 420,000 women.¹

And we know from observations made in all parts of the world covering a great number of years that these diseases are commonly associated with crime, with shame, and with wrecked lives and ruined homes, with misery, pain, and unhappiness. These facts give tragic emphasis to the national importance of the 1,500,000 cases estimated for the civilian population of this past year. The

The discussion presented herewith is Part I of the *Annual Report* of the United States Interdepartmental Social Hygiene Board for the fiscal year ending June 30, 1920. The complete report may be obtained by addressing the Board, 1800 Virginia Avenue, N. W., Washington, D. C.

¹ While these figures are not statistically accurate, they are believed to be approximately correct.

financial, social, and biologic damages from these diseases must be enormous. An estimated wage loss of more than \$69,000,000 a year, an estimated minimum cost to the government of \$15,000,000 in the army for the calendar year 1919, a contribution of more babies blinded and more men and women made sterile by gonorrhea than by any other cause, and a record of more cases of insanity from syphilis than from any other one cause, are a few of the items in the economic, social, and biologic bookkeeping of syphilis, gonorrhea, and chancroid that would lead to a staggering ledger account if such items could be posted.

We know the causes of these diseases and we know their carriers. We know that each of the three venereal diseases—syphilis, gonorrhea, and chancroid—is caused by a specific organism (a germ) and that this organism in each case is the cause of no other disease. We know that the human is the only animal that, under ordinary circumstances, is infected with these diseases. We know that every case is the result of a transfer of living germs from a person infected to another person who is not, and we know that the transmission of these diseases is, in the vast majority of cases, associated with sexual intercourse between diseased and undiseased persons.

The common and most effective disseminator of gonorrhea, syphilis, and chancroid is the prostitute. But the man and the woman of loose morals and promiscuous sex habits are factors of almost equal importance in the spread of these diseases.² If there were any question on these facts, it would be settled by reference to Colonel Ashburn's studies on venereal diseases in the army, or by reference to our own analysis of 15,000 cases of delinquent women and girls. These disease carriers are commonly persons who are not attached permanently to one locality. They travel from place to place. Therefore, the woman that gives herself promiscuously and the loose man that brings disaster to the innocent—often his own wife and babies—are national liabilities. Consequently the control of prostitution is a joint problem involving a community, state, and national obligation.

² There are now ten states with legislation that defines prostitution as an act of the male as well as of the female.

The enormous number of citizens involved, the huge financial, economic, and social losses sustained, the irreparable damage done to man power and woman power and to the infant and child life of the nation, and the fact that not a community, not a village, and not a city in the nation escapes are additional records that establish the protective, preventive, and remedial hygiene of these diseases as joint obligations of the state and the nation.

Our scientific knowledge of the living causes, the human carriers, and the method of dissemination of these diseases places us in position to lay out plans for their successful treatment, prevention, control, and possible eradication.

The following report furnished by the Surgeon General of the army emphasizes the several very important factors that must be included in a successful program for the control of these diseases and brings clearly into view some of the educational, informational, economic, social, and medical difficulties involved, and gives a vivid picture of legal and institutional inadequacies and limitations that must be surmounted:

[Extract from a report of a sanitary
inspection of Camp B——— made by
Colonel H———, Medical Corps, June 5-6, 1920.]

6. Statistics of Sickness:

* * * * *

The venereal rate at this post is excessive. Men who contract venereal disease are usually infected by women or girls who work in the mills, and 50 per cent of the men are said to pay nothing to these women for their association. The present city ordinance, city of C———, authorizes the health officer to segregate those who have venereal disease, and C——— has appropriated \$41,000 to build a detention hospital for these people. An active venereal clinic is maintained by the health officer. More than 200 active venereal cases are now being treated at this clinic, one full-time doctor and one nurse being employed. All the girls and women who come to this clinic are sent by Miss W———, field agent, Interdepartmental Social Hygiene Board. If they do not appear when she tells them to do so, they are arrested, fined, and then placed in the so-called stockade which is used temporarily as a detention hospital. As a rule, she gets her

information concerning the girls from medical officers at the camp who interrogate soldiers and secure the names of the individuals who infected them. Miss W——— stated to the inspector that the information thus secured from soldiers had always been accurate, and she had always been able to get the female in question under treatment, or else have her placed in the stockade. The stockade in which these women at present are detained, if they do not appear daily for treatment as directed, is not an attractive place, and Miss W——— states that she has little difficulty in getting them under treatment for the reason that they fear the stockade. Six women were in the stockade on the date of inspection. When the detention home is built that is now authorized, space will be available to accommodate 50 women. In the absence of adequate detention space infected women may go home and report daily for treatment. If they fail to report daily, they are arrested and placed in the stockade. This stockade is merely the city jail, but the infected women have freedom of the back yard, which constitutes the stockade.

When these girls are cured, an effort is made to remove them from their old environment, 68 having been sent out by Miss W———, who has secured positions for them at other points, with the hope that the change might prove of benefit. Most of the girls handled by Miss W——— are from 13 to 17. A great many are infected at an early age. Miss W——— now has one family of 4 children, all infected with gonorrhea. The oldest child is 14 and the youngest 7. She is also working upon another family of 3 children, a boy 14, a girl 9, and a brother 7, all of whom have gonorrhea, and the mother and father are also infected. In this case a 16-year old prostitute was living in the house with the family. The father contracted gonorrhea from this youthful prostitute, as did also the 14-year old boy and the 7-year old child, all through direct sexual intercourse. The 9-year old girl contracted it in a manner not known. In another instance the whole family has syphilis. In another family a girl 13 and a boy 9 have gonorrhea, and when the father was informed of their condition, he replied, "Of course they have venereal disease."

A good many of the professional prostitutes are said by Miss W——— to be 13 years old, and she knows of one case of a little girl of 11. This latter child is now at the juvenile court and an endeavor is being made to place her in some suitable institution. Miss W——— sent off a child aged 12 on the day of inspection who was a professional. She was placed in the G——— Training School for Girls.

Miss W——— states that this is the worst place in this state. If it isn't, the morals of —— are not to be commended. The commanding officer of Camp B———, the camp surgeon, the morale officer, the prison officer, and all city authorities are lending every aid to Miss W——— in this work.

The United States Interdepartmental Social Hygiene Board is now completing an analysis of carefully compiled case histories of 15,000 delinquent girls and women whose lives are more or less typified in the communication quoted above from Colonel H——. These 15,000 cases demonstrate with a tragic emphasis the importance of education, information, protection, and medical and social treatment in the control of these diseases. They disclose sex discrimination and utterly inadequate penal, detention-house, and reformatory provisions. These analyses, associated with the experiences and conclusions of other individuals and agencies concerned with the control and eradication of these communicable diseases, and added to the lessons learned under the stress of the Great War, have led to the formulation of a much more nearly complete program for protection of the individual, the home, and the community.

Briefly, the control of gonorrhea, syphilis, and chancroid depends upon the effective operation of a composite program of hygiene considered in its broadest sense. Each factor in this program is essential to the success of the program as a whole. The main factors in the hygiene of the venereal diseases are:

(1) The educational hygiene of infancy, childhood, and youth. Moral, mental, and physical education of the young human, giving him the character basis on which he will form safe judgments and develop wise conduct.

(2) The informational hygiene of childhood, youth, and maturity, supplying scientific facts and rational deductions for those occasions upon which the individual is called upon to exercise safeguarding judgments and select wise plans of conduct for the acquisition, conservation, and improvement of health.

(3) The protective hygiene of the venereal diseases developed through the health habits of the individual, the hygienic regula-

tions of his home (protective group hygiene), and the hygienic laws and ordinances of the community in which he lives (protective intergroup hygiene).

(4) The preventive hygiene of the venereal diseases applied to all individuals with gonorrhea, syphilis, or chancroid in a communicable state, making it impossible for such disease carriers to transmit their disease to others.

(5) The remedial hygiene of these diseases providing for their rapid and effective cure.

(6) The reconstructive hygiene of venereal disease carriers (the prostitute) bringing to them the ability to support themselves in health and comfort without having to resort to prostitution for a "livelihood."

The program of the United States Interdepartmental Social Hygiene Board, as laid out and made possible by Congress this year, provides for each of the main factors in the hygiene of these diseases described above.

In the two years ending June 30, 1920, the United States government has invested \$537,900 in the program of educational hygiene in colleges, universities, and other suitable institutions. This sum was more than matched by the institutions to which these appropriations were made, so that it may be estimated safely that in these two years the total joint institutional and federal appropriation for educational hygiene amounted to \$1,500,000.

The departments of hygiene that have been established or enlarged with the help of the United States Interdepartmental Social Hygiene Board in 39 normal schools, colleges, and universities will reach each year 35,000 or 40,000 young men and young women who will carry the influence of their instruction into their homes in future years as parents, into schools, colleges, and universities as teachers, and into communities of the country as influential citizens. It is obvious that these investments of the government placed in stable, well-organized, and well-established educational institutions become instrumental in the development of programs of education that will endure as long as those institutions last. Even now, in spite of the short period

of time in which these investments have been made, there is convincing evidence that the experienced educational intelligence of the institutions concerned is being focused uniformly upon an improvement in their instruction and upon measures whereby that instruction shall influence all of the students that pass through their courses.

These same appropriations from the educational fund for the establishment or enlargement of departments of hygiene in normal schools, colleges, and universities are instrumental in securing a very important distribution of informational hygiene, emphasizing proportionately the hygiene of the venereal diseases. Great care is exercised to discourage the overemphasis or the disproportionate emphasis of these diseases in their regular curriculum.

Scientific research for the acquisition of reliable and trustworthy information concerning the hygiene of gonorrhea, syphilis, and chancroid is the purpose for which the Board has made appropriations during the last two years amounting to \$200,000 from the scientific research fund and \$62,100 from the educational research and development fund for specific medical, educational, sociologic, and psychologic investigation of important problems in this field. Informational hygiene sought through these researches is described in more detail in the second division of this annual report. It may be said in passing that this research program carried on with the help of the government in the medical schools and universities of America has called into service a fairly large group of the best-trained men and women in America and gives promise of results that will repay the government and the people of the United States many times over the amount invested. The profits upon these investigations will be reckoned in terms of better informed, and therefore a better protected citizenship; a reduced cost of treatment and more rapid cure for these diseases; and a general reduction in the economic, social, and biologic damage hitherto sustained by the men, women, and children of America because of the present expensive, difficult, and tedious treatment involved.

The appropriation administered by the Board "for the assistance of the states in the care of civilian persons . . . for the

protection of the military and naval forces of the United States against venereal diseases" has been applied in the states for the development and operation of social measures protecting soldiers, sailors, and civilians from exposure to the venereal diseases. These protective measures involve the closure of red-light districts, houses of prostitution, and houses in which prostitution is carried on. This program of protective hygiene against the venereal diseases protects the individual and the community against the programs and machineries of prostitution as carried on in the low-class dance-hall, the house of assignation, and the place of public amusement in which plans are systematically made for prostitution. Under this fund the agents of the Board assigned to work under the direction of state commissioners of health, and who are assigned to the work where local conditions are bad, are often brought into advisory and counseling relationship which enables them to assist in the formulation of laws, ordinances, and regulations for the protection of the home and the community against prostitution and its ramified program.

The appropriation made by Congress from which allotments are made to states for the prevention, treatment, and control of venereal diseases through their respective departments of health, has made possible the establishment of divisions of venereal diseases in those states and has led to the enactment of laws, ordinances, and regulations under the advice and assistance of the United States Public Health Service, whereby the preventive hygiene and the remedial hygiene of gonorrhea, syphilis, and chancroid have been given a powerful and growing support in each of those states. The legislative enactments, the ordinances, and the regulations that have been established have been directed in large measure toward the control of the individual carrier of those diseases so that he will be prevented from transmitting his diseases to others.

The venereal-disease clinics established under this appropriation have applied remedial measures to an enormous number of men and women who come to them for treatment. During this last year 126,000 individuals were treated in these clinics.

The reconstructive hygiene of the venereal diseases has been supported this last year in part by the appropriation of the Board that is concerned with the care of civilian persons, as described above, and in part by the appropriation which has been allotted to states for the prevention, treatment, and control of venereal diseases. From the first of these two appropriations over \$100,000 was paid out in 1919-20 for the assistance of detention houses and reformatories to which were committed women with venereal disease who were thought to be a menace to the army and to the navy. The purpose laid down in each one of these appropriations from the Board was concerned with influencing these unfortunate persons, through medical and social treatment, to return to a physical and social status which would enable them to resume a normal and safe relationship in community life. This assistance was given to sixteen of these institutions.

The second appropriation noted above, the allotment to states for the prevention, treatment, and control of venereal diseases, has led each state commissioner of health, who is coöperating with the government under his allotment, to lay plans for the rehabilitation of the prostitute, or for her long-time commitment to institutional life, for the protection of the citizens of his state and of the nation from further infection. It is wholly safe to assume that the pressing need for a program of reconstructive hygiene in the interest of the prostitute will lead to the ultimate establishment in every state of provisions for the long-time commitment or for the ultimate restoration of the delinquent woman or girl to useful community life.

It is obvious from this rapid summary of the work of the Board that the four appropriations made by Congress in the interest of social hygiene are being administered by the Board in conformity with a well-organized plan which covers the entire field of the hygiene of these diseases. It is evident, however, that the control and the eradication of these diseases will not be accomplished for a great many years to come. The achievements of the past year in each of these several activities are most encouraging and justify most completely the financial investment and the thought and the energy put into them, but the progress made up to date is very

small compared with the progress that must be made before we have a control over gonorrhea, syphilis, and chancroid that will be comparable with the control that has been developed through other agencies, assisted by the government, in relation to such diseases as yellow fever, cholera, malaria, typhoid fever, small-pox, hookworm, and bubonic plague. The control of the venereal diseases is very much more difficult because of their relationship to elemental emotions fundamental to the continuity of human life. With a continuation of governmental assistance, and with an increasingly larger self-support from the states, a satisfactory control of these diseases should be ultimately secured.

In reviewing the work of the Board for this past year it is impossible to arrive at a satisfactory estimate of progress made without taking into consideration the short period of time in which the Board has been operative, and particularly the unavoidable delays that retarded the initiation of nearly all of the activities which the Board was finally called upon to support.

While it is true that on June 30, 1920, the United States Interdepartmental Social Hygiene Board completed the second year of its legal existence, it is also true that for various reasons stated elsewhere³ this second year of legal existence has been hardly more than the first year of its real activity in any of the several divisions of work authorized and required by Congress.

The more complete organization of the administrative office of the Board was necessarily delayed until July 1, 1919. Prior to that date this administrative organization was unavoidably incomplete because of inadvertencies in the act creating the Board and outlining its obligations.

The major activities of the Board were correspondingly delayed. The administration of the field service concerned with protective social measures was turned over to the Board on April 1, 1919. Appropriations for scientific research for the discovery of more effective medical measures in the prevention and treatment of venereal diseases were made to only three universities before June, 1919. Eleven more institutions were added during that month.

³ Manual for the various agents of the United States Interdepartmental Social Hygiene Board.

It is evident that the research activities made possible by these grants could not have been actually under way prior to June, 1919, and probably not before September of that year, when the college and university year began. Appropriations from the educational fund were delayed in like manner. No payments were made to colleges, universities, or other suitable institutions or organizations "for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases for the purpose of sociological and psychological research related thereto" until the first year of the Board was practically gone. None of these educational investments of the government became active, or could have become active, before September, 1919, well into the second year of the Board.

The allotments to the states for the prevention, treatment, and control of the venereal diseases were paid over to the states as fast as they qualified after September, 1918. This one fund was, in the nature of things, more easily invested in accord with the direction of Congress than were any of the others. However, it must be noted that the Board was unable to develop satisfactorily a disbursing and accounting system for this fund until a resource for administrative purposes had been made available by Congress in July, 1919.

From these facts it is clearly evident that the fiscal year ending June 30, 1920, to which year this report is directed, was really the first year in which productive activity was possible in connection with any of the various governmental investments made through the Board, save, to a limited degree, the investment allotted to the states for the use of their respective boards or departments of health in the prevention, treatment, and control of venereal diseases "in accordance with the rules and regulations prescribed by the Secretary of the Treasury."

This year, then, has been a year of organization, of investment, and of improvement. Comparing June 30, 1920, with June 30, 1919, we find that the governmental investments in scientific researches under the Board have increased from 26 researches in 14 institutions to 36 researches in 22 institutions, and that all of

these research investments were at work during this year and that they give promise of profit.

The investments made by the Board for the government from the educational research and development fund have increased from investments made last year assisting 28 normal schools, colleges, and universities to establish or enlarge their departments of hygiene for the purpose of emphasizing proportionately the hygiene of venereal diseases in the instruction of their young men and young women students, to 39 normal schools, colleges, and universities under agreement with the Board to emphasize the hygiene of these diseases with appropriate and due proportion and with proper tact and persistency. The appropriations made from this fund last year reached some 28,000 young men and women during the present academic year. The appropriations made from this fund this year will increase this number to about 40,000 during the coming academic year 1920-21. Last year one appropriation was made from this fund for psychological research in accordance with the provisions of our act. This research is practically complete at the end of the fiscal year 1920. This year appropriations have been made for 16 psychological, sociological, and educational researches. Of these, three have been completed within the year. The other 13, because of necessity of protracted research or because allotments were made late, will be carried over into the coming academic year.

The protective social measures program of the Board last year reached 55 cities. This year 15 state departments of health have taken over the direction of workers assigned them by the Board, and eight others are ready to do so as soon as competent personnel is available through the federal Civil Service. In all, the Board has located under this same appropriation 149 workers in 51 cities. This same fund supplied resource last year amounting to \$66,160.98 for the maintenance of venereal-disease carriers in 17 reformatories, detention homes, and hospitals. This year \$106,199.46 has been paid out to 16 such institutions, assisting in the provision of 96,842 days' treatment as compared with 64,462 days' treatment last year.

Last year 46 states adopted the rules and regulations issued by the United States Treasury and by the United States Interdepartmental Social Hygiene Board for participation in the allotment to states for the use of their boards or departments of health in the prevention, treatment, and control of venereal diseases. This year 46 states adopted these rules and regulations and, in addition, satisfied the governmental requirements that they match each dollar received from the government with one dollar appropriated or otherwise set aside by the state⁴. The divisions of venereal diseases established in each of these 46 states and supported by state funds and by governmental funds allotted through the Interdepartmental Social Hygiene Board, and carrying on their activities in conformity with regulations laid down by the Secretary of the Treasury, have reported to the Division of Venereal Diseases of the United States Public Health Service a tremendous growth in activities this year compared with the same activities last year.

Last year the office of the Board (central administrative office) was concerned almost wholly with disbursements from the one fund carrying allotments to state departments of health, and with a limited correspondence with the universities, colleges, and other suitable institutions or organizations qualified for scientific research. Latterly, that is, after April, 1919, the central office was assigned certain administrative personnel from another governmental department to direct the "law-enforcement section" in the field. This section would otherwise have been without direction. This year the central office has been called upon for a steadily increasing service in connection with the five funds under its administrative and executive supervision. This service necessarily covered not only the safeguarded investment of more than \$2,000,000 in accordance with provisions and requirements of Congress and the United States Interdepartmental Social Hygiene Board, but it was called upon also to cover the inspection and investigation of investments made in the preceding year amounting to over \$1,500,000. Moreover, the financial, legal, scientific,

⁴ The Division of Venereal Diseases of the U. S. Public Health Service covers the details of this program in the states in its *Annual Report*.

administrative, medical, hygienic, informational, educational, social, moral, and basic human factors involved in the program of the Board, as laid out by Congress, call for a very high type and a varied type of special personal service in the central office. The success of this difficult and complicated program depends upon the quality of the personal service which puts that program into operation.

SUMMARY OF ACCOMPLISHMENTS

In conclusion, the most important accomplishments of the Board during the year ending June 30, 1920, may be summarized concisely as follows:

(1) Appropriation for the care of civilian persons, etc.:

(a) The protective social measures program developed under this appropriation has been carried on by a field force which in June, 1920, numbered 149 employees. The demand of the states for this service is such that the Board has at this time more than 50 unfilled positions. This field personnel has been assigned to work directly under state commissioners of health in 15 states. In the other states in which there are military and naval units of importance agents have been assigned to cities and regions in which it has been found important to protect soldiers, sailors, and the civilian population from the carriers of venereal disease. As a result of this service, 18 red-light districts have been investigated and closed in neighborhoods more or less remote from military and naval establishments, and no red-light district has been maintained during this year in the near neighborhood of military or naval posts. In closing these 18 segregated districts in its search for the foci of venereal disease, the service of the Board assisted in the closing of 214 houses in which 703 women were found engaged in prostitution; 719 houses of prostitution were closed outside of red-light districts; programs of prostitution were suppressed in 646 places other than in houses of prostitution; 55 regions were placed "out of bounds" by military and naval authorities; 10,129 men were arrested because of their relationship with prostitution; 260 citizens' committees or organizations

were formed or stimulated to action in favor of protective social measures and law enforcement; and 17,000 prostitutes were observed in relation to their activities in a search for evidence as to the existence of prostitution or its programs.

Furthermore, this field service has carefully investigated this last year 7351 new cases of delinquent women and girls who were thought to be a menace to soldiers and sailors, and who certainly were a menace to the civilian population. With these new cases the total number of individual women and girls given especial attention by this service reached 25,459 for the period subsequent to January 1, 1919. It is impossible to estimate with any precision the gain in the campaign against the venereal diseases achieved by closing 933 houses of prostitution or by abolishing 18 red-light districts or by keeping other such districts closed. It is obvious, however, that such accomplishments must result in a very large diminution of exposures to gonorrhea, syphilis, and chancroid, and consequently to a very large reduction in the occurrence of such infections. Furthermore, it is obvious that the 7351 delinquent women and girls brought under the special influence of the agents of this Board must have been deterred, for a period of time at least, from the continuation of their delinquency. The same influence must have been exercised to some extent at least upon the 17,000 prostitutes observed by the field service and the 10,000 men arrested. Some of these men and women, how many we do not know, were permanently led away from prostitution. One cannot estimate accurately the effect of this influence of our field service. For instance, a report on prostitution in New York City some years ago indicated that the prostitutes in New York at that time associated on the average with ten men or boys in each period of twenty-four hours. One cannot guess at the number of such associations that have been prevented through our influence upon these houses, these men, and these women.

(b) During this year \$106,299.46 was distributed from this fund to 16 reformatories, training schools, detention hospitals, and venereal-disease quarantine hospitals in which were confined women and girls with venereal diseases, who were thought to be a menace to soldiers and sailors. With this appropriation the

Board was enabled to give assistance in the maintenance and subsistence of these inmates which can be reckoned best perhaps in terms of the total number of days which such "treatment" covered. Our records indicate that the actual number of days' "treatment" given by these institutions during this period of time was 96,842. In other words, the appropriation of the Board would have maintained one inmate for 96,842 days.

Here, again, it is not possible to estimate the value of this assistance with any accuracy. The fact that each inmate was prevented from exposing soldiers, sailors, and civilians during the period of time for which she was confined in the institution makes it clearly evident that this assistance from the government was at least temporarily effective in the protection of men in the army and in the navy, and men and women in the civilian population of the United States, from these disease carriers. It is perhaps unjustifiable to assume that these inmates all averaged ten exposures a day while they were engaged in prostitution; nevertheless the fact that such an average has been ascribed to that profession would give a great deal of weight to the importance of these 96,842 days of "treatment."

(2) Appropriation for allotment to states for the prevention, treatment, and control of venereal diseases:

Under this appropriation 46 states have adopted programs of prevention, treatment, and control of venereal diseases as promulgated by the Secretary of the Treasury. During this year 326,000 cases of venereal diseases were reported to the state commissioners of health, and 126,000 cases were treated in clinics operated under this program laid out by the Secretary of the Treasury and supported by the allotment paid out by the Interdepartmental Social Hygiene Board. Informational programs have been carried out in each of these 46 states carrying facts to the public through lectures, posters, pamphlets, moving-picture films, lantern slides, and other graphic media. It is probably true that the main facts connected with the hygiene of the venereal diseases are better known to the American public to-day than ever before because of this informational program that has been carried on by the Division of Venereal Diseases of the Public Health

Service and by the departments of health of 46 of our states. Furthermore, through this appropriation, legislation, regulations, and ordinances for the protection of the public and for the prevention of these diseases have been adopted to greater or lesser extent in each of these 46 states during these last two years.

While it is not possible to evaluate the importance of this phase of our program with any exactness, it is evident that these measures are exerting an enormous influence for the cure of venereal diseases and for their medical prevention and control.

(3) Appropriation for the purpose of discovering more effective medical measures in the prevention and treatment of venereal diseases:

(a) On June 30, 1920, there were 35 researches being carried on in 22 of the best American medical schools and universities in a scientific search for better methods in the prevention and treatment of the venereal diseases. The results from these research activities will not appear until sufficient time has elapsed for careful, thorough, and painstaking investigations. The possibilities of profitable return from these investments of the government are most promising. Information of value to the individual, to the home and to the community will, in all probability, be secured through some, at least, of these investigations. A single one of them may very easily reduce the time and the cost of treatment to an extent that would represent a saving of millions of dollars in wages because of time saved, and a saving of millions of dollars in cost of treatment because of improved methods of treatment, or because of cheaper medication. When one realizes that during this last year the problem of treatment alone involved over 14,000 cases in the army, over 21,000 cases in the navy, and possibly more than 1,500,000 cases in the civilian population, he cannot escape the conviction that there is every reason to expect that one or more of these scientific researches will result in a tremendous gain to the government and to the people of the United States through cheaper medication, or through more effective methods of administration, or through new and more effective drugs.

(4) Appropriation for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases, and for the purpose of sociologic and psychologic research related thereto:

Since this appropriation became actually available in January, 1919, approximately \$520,000 has been paid to normal schools, colleges, and universities for the establishment and enlargement therein of departments of hygiene for the purpose of emphasizing normally and logically, and with due proportion, the hygiene of the venereal diseases. These payments have been made to 39 normal schools, colleges, and universities, and the programs which have been made possible thereby have reached approximately 28,000 young men and women this year and will reach 35,000 or 40,000 young men and young women the coming academic year. Here, again, it is impossible to make any exact estimate of the returns that may be expected from these educational investments. It is inevitable, however, that with the best educational intelligence of the country devoted to the problem, our future citizenship will be scientifically and practically informed concerning these diseases and their causes, their carriers, their damages, and their preventions. It is already clear that we may expect a very much larger number of educational institutions to adopt this departmental organization, and that an increasingly large number of our future citizens will develop habits of personal health control and habits of home protection, and measures for community protection that will enormously reduce prostitution and venereal disease.

The most important division of activity assigned to the Interdepartmental Social Hygiene Board by the United States government is probably represented in this educational program. Ultimately education and the information which it carries will have a very much larger influence upon the prevention of these diseases and upon the control of the economic and social and educational conditions that lead to their prevalence than will any other influence that has been brought to bear for the control or eradication of these diseases.

BOOK REVIEWS

THE SUPERSTITION OF DIVORCE. By G. K. Chesterton. New York: John Lane Company, 1920. 150 p.

Mr. Chesterton accurately describes his little volume as "a pamphlet and not a book." The earlier chapters, confessedly "crude and sketchy," appeared originally in the form of five articles in *The New Witness*; to these are added "a few further chapters, explaining more fully any conceptions that may seem to have been too crudely assumed or dismissed." The book is brilliant, witty, superficial, and of course paradoxical. Mr. Chesterton's chief stock in trade is paradoxes, and in this volume he presents a particularly varied if somewhat artificial set of wares. One wonders, however, just what is accomplished by the discussion of such a problem as marriage and divorce in that spirit of jugglery which seems to have become a kind of second nature to G. K. Chesterton. The author, of course, has a glorious holiday, and so in a sense do his readers; but the suggestion that something is being butchered to make this holiday, is unescapable.

Mr. Chesterton's book is "a stricture on divorce," and therefore a defense of "the ideal of indissoluble or at least undissolved marriage." It is a plea for the perpetuation of "the old monogamous ethic of our civilization," for divorce is here presented as nothing more nor less than a method of making polygamy respectable. "The definition of divorce," says the author, "is that it is the attempt to give respectability and not liberty." The divorcé is simply the man, or the woman, who seeks to pass lightly from partner to partner in the sexual relation, and at the same time possess that status of marriage which belongs properly to the highest culture and the truest religion. He is an undisciplined person who would enjoy all the sanctities and avoid all the responsibilities of matrimony. He would have his cake and eat it too. To this Mr. Chesterton strenuously objects. He denies to no man the privilege of living with as many different women as he may desire; a harem is as possible and perhaps as common in London as in Constantinople. What he insists upon is that "any man in modern London may have a hundred wives if he does not call them wives; or rather, if he does not

go through certain more or less mystical ceremonies in order to assert that they are wives." For marriage, to Mr. Chesterton, is an indissoluble relation, founded upon the sanctity of the vow. Like love of country, it is to be preserved inviolate even at the bitter price of pain, and failure, and mortal sacrifice. To desert the marriage relation because it brings disaster is as shameful and fatal a thing as to desert the flag of one's country in the hour of its defeat. Marriage is not an experiment, a holiday jaunt, a week-end excursion. It is a pledge of life allegiance—an allegiance more terrible than that of country, because it is a fact not imposed by the accident of birth but freely assumed by act of will. To weaken this pact is to drain life at its source, and undermine that relationship of "voluntary loyalty" between man and man, which is the foundation of social order and "the protection of liberty."

Mr. Chesterton, it should be said, is not blind to "the tragedies of marriage." He describes these, however, as "the price of maintaining an ideal, or the price of making a mistake." The tragedy greater than all tragedies of marriage, to him, is the supreme tragedy of divorce. To separation, apparently, he has no objection, for he is humane enough to see that only by separation can some of the tragedies of marriage be endured. What he denounces, and will have nothing of, is separation so arranged legally as to permit remarriage by one or both of the parties involved. "The divorce controversy," he says, "is not really a controversy about divorce. It is a controversy about remarriage." "It is here," he says again, "that we draw the line . . . the battle joins on (this) debatable ground."

It is to Mr. Chesterton's credit that he recognizes that the ground which he selects for his battle is "debatable." With much that the author has to say about marriage as a relation sanctified by what he very beautifully describes as "the vow," we are in entire agreement. We endorse also his resounding denunciation of the man who takes such a vow with one woman, only to seek release from it, that he may take a similar vow with another woman—"the gentleman who marries as many women as he likes and gets rid of them as often as he pleases." Divorce from one marriage as a mere condition of making a second marriage, is wrong; and we will gladly join with Mr. Chesterton in doing all we can to forbid divorce or remarriage under such circumstances. Where we quarrel and would debate with Mr. Chesterton is in his contention that the problem of divorce begins or ends with such a situation as he describes. Let us take the Lothario or Don Juan in whom Mr.

Chesterton sees the divorce issue personified. Let us agree that this man must be denied the respectability which he seeks. But what about his wife, who has loved sincerely and lived faithfully? Shall she be doomed forever to a relationship which, however genuine in the beginning, has proved to be a "delusion and a snare"? Must she be bound "till death do us part" to one who she has learned cannot be loved nor respected, and whose presence is a denial to her of all the sanctities of personal intimacy and devotion which make up the best of life? The very virtue of one partner to a marriage is oftentimes the measure of the outrage visited upon that partner by his mate. In other words, there is innocence involved in the tragedy of a broken marriage as well as guilt. Indeed, it is this innocence which makes the tragedy, and creates for its relief the necessity of divorce.

For such cases Mr. Chesterton seems to think separation (without remarriage) an adequate remedy. Even in the extreme instance of homicidal mania, he argues that "a person should be allowed some sort of release," but that "anybody who has had that experience should be content with that release. . . . He should be content with that experience of matrimony and not seek another." But why? Is there anything so inherently sacrosanct in the bonds of matrimony that they shall never be lifted under any circumstances? Is innocence, betrayed by cruelty, infidelity, homicidal mania, even incompatibility of temper, to be denied another chance of the happy and abundant life? Even patriotism, which Mr. Chesterton seems to think the perfect parallel to marital love, may be transferred from one country to another, as witness our millions of "new Americans." But from marriage apparently there can be no such escape as from one's country. Whatever the disabilities and agonies, these the wedded, innocent and guilty alike, "may honorably be called upon to bear for the glory of their own oath and the great things by which the nations live."

With such doctrine we have no sympathy. We have no use for "eternal punishment" either in this world or in the next. The one great fault and grievous weakness of Mr. Chesterton's argument is his persistent ignoring of this side of the question, his obstinate dooming of human beings to irretrievable consequence of

" pangs of nature, sins of will,
Defects of doubt and taints of blood,"

for which they are not responsible. Shall there not be "somehow good" as the "final goal" of these ills? Shall not the innocent have escape

from outrage and betrayal, and another chance for love? And is it not even possible that those who are guilty of weakness, or even sin, shall have opportunity for self-recovery and a reconstruction of their lives? We cannot conceive of marriage as an altar for human sacrifice. It is not a Procrustes' bed, to which men and women shall be fitted though they be slain. Rather do we prefer the sweet and understanding humanism of Jesus who saw that institutions were made for man and not man for institutions. His famous word about the Sabbath applies equally well to marriage.

It is Mr. Chesterton, and not the advocate of freer divorce, who is a victim of what he calls "superstition." He sees in the outward legal or ecclesiastical process of marriage a sacred thing, to be preserved at any cost of human suffering or abnegation. This is a superstition—that superstition of formalism which has befogged the mind and hardened the heart from the beginning of time. What Mr. Chesterton should have been the first to see, after writing his exceedingly effective chapter on "The Story of the Family," is that that which is sacred in the marriage relation is not the outward form, but the inward impulse which, beginning in sex passion and ending in spiritual love, brings men and women together in the most wonderful relation of life. It is this love which is the essence of marriage, and should be the test of marriage. If men and women were perfect, it would be infallible in its choices and eternal in its duration. But men and women are not perfect; therefore does love make mistakes, go astray, deceive itself. Whatever the cause, the original impulse of devotion fails; and when the failure is irrevocable, it must be recognized. Divorce, properly speaking, is only the formal burial which necessarily follows upon the death of love. This burial is dictated by laws of moral sanitation. As Herbert Spencer has said, "The legal bond is improper if the natural bond ceases." The real tragedy in the whole case is the broken marriage, the death of love; and this tragedy exists in spite of us, whether the legal procedure of divorce is actually gone through with or not.

As a protest against much that is evil in the marriage state to-day, Mr. Chesterton's book is wholesome. But in diagnosis and cure both, he begins at the wrong end. His supreme worry seems to be that "the effect of frivolous divorces will be frivolous marriage." We would turn this right around and say, *the effect of frivolous marriages is frivolous divorce*. Our task here is not to deny the remedy after the mistake is made, but to see to it that the mistake is not made. Marriage, in other

words, must be freed from all material and worldly considerations, protected and guaranteed by rigorous conditions of initiation, ennobled by august recognitions. Marriage is our problem: its purification, redemption, emancipation. This solved, divorce will solve itself. "The superstition of divorce" is after all the idea that it *is* a superstition!

JOHN HAYNES HOLMES, D.D.

PRIMITIVE SOCIETY. By Robert H. Lowie, Ph.D., associate curator of anthropology, American Museum of Natural History. New York: Boni and Liveright, 1920. 463 p.

For fifty years anthropologists, both British and American, have been, for the most part, under the domination of two men, Lewis H. Morgan and Sir Henry Maine. It cannot be considered a healthy condition for any science that the theoretical formulations of its pioneers—great as they may be in their own time—should be accepted by their successors with a minimum of criticism. During all that period there has not been in printed form any concise but comprehensive summary of what is known of the cultural history of recent or present-day primitive peoples. Morgan's *Ancient Society* (1877), written before the majority of modern ethnographical investigations, and reflecting the first violent reaction of the Victorian social philosophers toward a too complete transference of the evolutionary approach from the biological to the sociological field, has been set up, *faute de mieux*, as the Bible of descriptive anthropology. Marett's handy little volume in the Home University Library is hardly more than a primer for general orientation. And the more important works of Maine himself (the *Ancient Law*), of Tylor, Frazer, Rivers, Boas, Hobhouse, Lang, Spencer and Gillen, Skeat, and others, have been scholarly studies of particular periods, tribes, institutions, or aspects of the general subject, without providing a synthesis of the broad field.

At last we have a book to fill this gap in Dr. Lowie's *Primitive Society*. To retail its merits would be invidious, but two aspects may suffice to illustrate. In the matter of terminology Lowie aims above all at clarity. He is not averse to the adoption of his own vocabulary at times, as when he concentrates upon the Anglo-Saxon monosyllable *sib*, to express the type of unilateral kinship group (whether patrilinear or matrilinear) found so frequently in primitive society and more popularly known as the "clan." But whether suggesting the standardization of his own nomenclature or that of other anthropologists, every important

element is specifically defined by the author in language which the layman can understand without confusion.

Take the matter of method. As he himself says, there are three roads conceivably open to the modern anthropologist. He may, for instance, assume a "predominantly monographic attitude," fixing his attention upon a particular people at a given epoch, and attempt to give a faithful and detailed description thereof. Such detached studies are justified, even essential, and may be thoroughly scientific.

Or the anthropologist may feel that such minutiae, like a canvas of Gerard Douw or Meissonier, are picayunish, and, in the spirit of Lewis Morgan and the Spencerian sociologists, seek to give a panoramic view of all culture phenomena in their causative relations. This method may, of course, lay itself open to an *a priori* habit of postulating the antecedents of an evolutionary product and proceeding with one's mind so full of the "social laws" he hopes to discover as effectually to preclude an unbiased inductive result.

Lowie's entire book is a lance aimed at this school of thought, and naturally represents what he conceives to be the valid alternative. He takes to task Karl Pearson for demanding that history and the social sciences shall inevitably "fall into sequences which can be briefly resumed in scientific formulae." After devoting the major portion of his space to a descriptive survey of primitive institutional life, his conclusion is that social laws in this Pearsonian sense are non-existent, and that the attempt to read them into the record of civilization is a vicious one. The one great explanatory fact his data yield is not the outgrown conception that every independent portion of mankind must move through a predestined series of stages, nor that the convergence of similar phenomena separated in time or space is evidence of a causal affinity, but that borrowing, diffusion (Tarde's "imitation") is an all but universal human habit. In short, the outcropping of originality and progressive change is the rare exception that proves the rule. And Lowie is democrat enough to believe that this fact of the potency of custom offers no excuse for calling our present-day patchwork civilization a rational or final product.

A notion of the foci of the author's thought may be gained from a perusal of the chapter headings, many of which are of especial interest and aid to the student of sex and family problems: Marriage, Polygamy, The Family, Kinship Usages, The Sib, History of the Sib, The Position of Woman, Property, Associations, Theory of Associations, Rank, Government, Justice. The ascertained facts and warrantable deduc-

tions of anthropology on the question of the chronology, distribution, and continuity of marriage systems, and the methods of mate-acquirement throw a flood of light on innumerable present-day sexual practices and states of mind. It is not too much to say that social policies in regard to these all-important matters cannot receive adequate and statesmanlike formulation except upon a basis of such knowledge.

An admirably complete bibliography and index and a mechanical dress that pleases both sight and touch add greatly to the value of the volume.

K. M. G.

WOMEN DELINQUENTS IN NEW YORK STATE. By Mabel Fernald, Mary H. S. Hays, and Almena Dawley, with a chapter on statistical method by Beardsley Ruml, and an introduction by Katherine Bement Davis. Published for the Bureau of Social Hygiene by the Century Co., New York, 1920. 542 p.

While this study of 587 women in reformatories and similar institutions in the state of New York is particularly comprehensive, its most noteworthy characteristics are (1) the pains taken to get accurate data and (2) the sound statistical treatment of these data. In both of these respects, the work is probably unequaled in the United States among publications on delinquency.

In the most objective manner, a painstaking and detailed picture is drawn of the delinquent women found in institutions. Half of them are serving at least a second term. Most of them are sex offenders; two thirds are commercial prostitutes, who are measurably inferior in intelligence to the women convicted of crimes against property.

The early home life of these women presents no very startling features. They are born neither of very young nor of very old mothers. Most of them kept out of trouble during childhood, so far as a court record tells the story. Most of them came from self-supporting families, of good reputability in the community, but with inadequate supervision of children by parents. Whether this latter feature is a cause of the subsequent delinquency, or merely an effect of some more deep-seated cause, cannot be told from this study.

Only 20 per cent of the women had used alcohol "excessively," while 18 per cent used drugs and 25 per cent cigarettes. There appeared

to be no relations between these habits and the intelligence of the women.

On the whole, the women had not been well educated, but perhaps they were as well educated as their brothers and sisters who did not get into difficulties with the law. Pecuniary need did not appear to be responsible for their troubles, to judge by the wages they had received. In intelligence, they did not appear to deviate very markedly from the rest of the population—by no means so much as one might have expected, in the light of various other studies of delinquent women who have been found largely feeble-minded.

Why were they in the reformatory? The answer is hardly given from these data, although several *a priori* answers are discredited. Evidently it was not "economic necessity." It does not seem to have been "bad heredity" in the ordinary sense. They were not all feeble-minded. There is no evidence that they were victims of persecution. One might guess that it is the presence of emotional defects—less easily measured,—and not of intellectual or physical defects, that brought these women back to court again and again. But this question must be answered by some other study.

In a book on a remarkably high level of excellence, there are naturally inequalities. Thus the tests for the presence of venereal diseases do not appear to have been thorough or accurate. The data regarding heredity and regarding the amount of sex education are not so useful as a social hygienist would have desired. And there are occasional errors in handling data, as the statement (Chap. ix) that "the large part of the women have come from very poor homes," when reference to the accompanying table shows that only 8 per cent of them had come from such homes. Again Table 75 involves an elementary fallacy in pointing out "a slight tendency for the delinquent women to be the older ones in the family," whereas the same thing is true of almost any other group of women, for the reason that there are more small families than large ones, and therefore an individual picked at random is more likely to be a first- or second-born than, say, a fifth- or tenth-born.

On the whole, however, the book is certain at once to become the standard in its field, and to be indispensable to all serious students of delinquency among women.

PAUL POPENOE

HUMAN EFFICIENCY AND LEVELS OF INTELLIGENCE. By Henry Herbert Goddard. Princeton: Princeton University Press. 1920. 128 p.

This little book is made up of a series of four lectures delivered at Princeton University in April, 1919. While the psychologically trained reader will find much to question from a technical standpoint and will be reminded of many controversial problems which center about the mental testing movement, in the main the general ideas are sound. The theory of mental levels, including their relation to the inherited nervous mechanism, is generally accepted to-day. The author argues for a wider appreciation of this fact in the solution of pressing social problems. His discussion includes the application of levels of intelligence to the problem of human efficiency, to delinquency and its treatment, and finally to the theory of democracy.

He believes that the methods of testing intelligence are sufficiently accurate and refined to be applied generally, and should be used to place all individuals in those lines of work which they are qualified to perform. This would involve a careful analysis of various occupational types to determine what grade of intelligence is required, and would entail a tremendous amount of work, but Goddard believes that it could be done. After the analysis has been made, the inference is that the author would arbitrarily place individuals in those types of employment for which they were qualified according to the tests. This is not to be confused with specific vocational tests. Rather Dr. Goddard is concerned with "a unitary mental process" which he conceives intelligence to be. Apart from the fact that there is considerable disagreement among psychologists as to whether there is such a unitary process, the author does not tell us how he would deal with those individuals in whom the urge of ambition was particularly strong, and who might not be perfectly satisfied with such an arbitrary determination of their destinies.

There is nothing new in his treatment of delinquency. There is a growing recognition that delinquency in all of its forms is closely related to mental levels, and the practical handling of this problem is rapidly reflecting this recognition. It should be mentioned in this connection however, that the author assumes intelligence to be the chief factor in determining human conduct. He states in his preface that there may be other factors of which we have little or no knowledge as yet, and until we have, we should "solve our problem in terms of intelligence as though it were the only variable." He further assumes that antisocial

conduct is due either to a lack of knowledge, or to incapacity for such knowledge.

The most interesting part of the book is the last lecture which deals with the problems of democracy in terms of levels of intelligence. The results of psychological examinations of drafted men showed that the average mental age of American young men was between 13 and 14 years. Eighty-five per cent were found to be mentally fifteen years old or less (with reference to a normal adult intelligence of sixteen years). If the 1,700,000 men examined represent a fair sample of the population of this country, is a truly democratic form of government possible?

In the author's words,

The disturbing fear is that the masses, the seventy million, or even eighty-six million, will take matters into their own hands. The fact is, matters are already in their hands and have been since the adoption of the Constitution. But it is equally true that the eighty-six million are in the hands of the fourteen million or the four million, provided always that the four million apply their superior intelligence to the practical problem of social welfare and efficiency.

Lower intelligence will invariably and inevitably seek and follow the advice of higher intelligence, so long as it has confidence in the individual having the higher intelligence. That is a proposition so invariable as to be recognized as a law of human nature.

The crux of the matter, however, lies in the word confidence. Here is the root of our social troubles, and here is found the explanation of everything from local labor troubles to Bolshevism. Intelligence has made the fundamental error of assuming that it alone is sufficient to inspire confidence. . . . Intelligence can only inspire confidence when it is appreciated. And how can unintelligence comprehend intelligence?

Whenever the four million choose to devote their superior intelligence to understanding the lower mental levels and to the problem of the comfort and happiness of the other ninety-six million, they will be elected the rulers of the realm, and then will come perfect government—Aristocracy in Democracy.

The chart showing the correlation (not in the exact statistical sense) between wages, age at which children leave school, and intelligence ratings is the most valuable thing in the book. For example it is shown that 68 per cent of wage-earners receive less than \$15.00 per week. Sixty-seven per cent of children do not finish the eighth grade, and the army results showed that 70 per cent are under the mental age of 15 years. The distribution curve for wages and for the age at which children leave school follows very closely the distribution by mental age of the 1,700,000 draft recruits examined. Dr. Goddard argues from this that low wages and the early departure from school are not functions of environmental factors, but are rather the result of a natural levelling up process fundamentally determined by inherent mental capacity.

E. F. Z.

THE INTELLIGENCE OF SCHOOL CHILDREN. By Lewis M. Terman.
Boston: Houghton Mifflin Co., 1919. 313 p.

The book has been written for teachers, school supervisors, and normal school students. It illustrates the large variations in original endowment which exist among school children. The earlier chapters give the principles of intelligence testing, the significance of individual differences, the individual differences among kindergarten children, first-grade, fifth-grade, and high-school pupils.

The chapter on "Mental Tests of School Laggards" is especially valuable to social work. Doctor Key made a survey of 2185 children for the United States Public Health Service and found about one per cent feeble-minded and a larger group doubtful. Another survey of 3794 children was made by the Public Health Service, in which 1.8 per cent were classified as being of institutional grade. We can conclude that on the average two or three children out of a hundred are so poorly endowed in intellectual ability as to render their social competency a matter of extreme doubt.

The educational path of the gifted child has been blocked. Eighty California children having an intelligence quotient of above 135 were secured. Fifty-nine were subjected to a careful study. About half of the twenty traits on which the subjects were rated might be classed as moral traits—obedience, conscientiousness, dependability, unselfishness, evenness of temper, will power, etc. In all of the moral traits except unselfishness, the teachers' ratings were higher than the parents'. The ratings indicated that the subjects were as superior morally as they were intellectually. The teachers were asked to describe any moral faults. Data from 53 children showed 46 to have no moral faults or peculiarities worthy of mention.

Using Faussig's five occupational groups we find that 53 per cent of these superior children have fathers in class 1, 37 per cent in class 2, and 10 per cent in class 3, none being in classes 4 and 5. This indicates that parents of a grade of intelligence low enough to keep them in the unskilled or semi-skilled class are not likely to produce children of the grade of ability represented in the study. Data obtained from 112 parents show that 46.4 per cent were college graduates, while 81.2 per cent were graduates of secondary schools.

The median intelligence quotient of a group of 153 college students was found to be 109, of 40 business men 102, of 47 expressmen 95, of 82 street-car employees 86, of 30 firemen or policemen 84, of 61 salesgirls

85, of 256 hoboes and unemployed 89. In the May, 1920, *Journal of Delinquency* Norton compares these figures with those of a group of 127 prostitutes whose median intelligence quotient was 61. The social significance of the findings is apparent. It is appalling to think of feeble-minded prostitutes such as these being returned to the street! Until the menace of feeble-mindedness is better recognized, such will continue to be too frequently the result.

Professor Terman's book is a valuable contribution. Coöperation between the professional psychologist and those endeavoring to improve moral conditions should be encouraged and welcomed.

EDITH MULHALL ACHILLES

MORALE: The Supreme Standard of Life and Conduct. By G. Stanley Hall, Ph.D., LL.D., president of Clark University. New York: D. Appleton & Co., 1920. 378 p.

Hall defines "Morale" as the cult of condition. The book is a plea for a new criterion of all human worths and values. The home, the state, and other human institutions must be revaluated by the standard of what they contribute to individual, industrial, and social morale. Morale is considered together with conscience, honor, and the Nietzschean superman, and in the comparison it is decided that the chief end of man, the goal supreme over others, is morale.

The subject is handled in the manner usual to President Hall, and inspirational material is mixed with careful analysis of conditions, many instances being taken from the war. Analyses are made of patriotism, health, fear, death, hate, and anger, also wit and humor, and the psychology of placards and slogans. There is an account of the psychological and personnel tests in the army, of the army morale program, and then Hall takes up the labor problem, prohibition, profiteering, feminism, education, statesmanship, and religion. Truly this is an inclusive survey.

Of especial interest to social hygienists, however, are Hall's thoughts on women and sex. He puts his finger on the keynote of future social-hygiene effort by saying that "As transcendental sanctions are losing their power, we must build up on a natural basis a new prophylaxis and be able to show that anything is right or wrong according as it is physiologically and socially right or wrong, and precisely this, the new sex psychology is now engaged in doing." He believes that the fear appeal is not a very effective one in encouraging proper sex conduct on the part

of the average young man, and advocates instead appeals based on the promise of bodily and mental perfection. Hall idolizes motherhood in the way that Hall can. He says: "No normal woman is complete without bearing and rearing children. Her body and soul were meant for motherhood; everything the world contributes to her, centers about this function. Anything whatever that interferes with this, her supreme function, is a loss to the human race." The implications of this last on the question of birth control are later discussed. Hall decides that although we must sometimes resort to contraception, it is doubtful whether we have sufficient knowledge concerning methods to make any general propaganda for this mode of bettering humanity.

Probably the most interesting section of the book is that in which Hall gives his views on divorce. "Since the God of Love puts some who have voluntarily joined themselves asunder, why should men interfere with this divine will?" asks Hall. Without conceding anything to such vagaries as trial marriages, would not the making of divorce easy and respectable tend to keep the contracting parties on good behavior? The realization that the bond may be easily dissolved would tend to make each of the contracting parties more careful to guard against neglect of the other, and would prevent alienation of affections, he thinks. While the psychology of this may be plausible, it behooves those working in the field of marriage relations practically to be very cautious about accepting this without unusual scrutiny, since the administrative difficulties that would arise out of such a policy would be many.

Morale does not bear out, on the whole, the impressions of sound scholarship which are characteristic of *Adolescence* and others of Dr. Hall's earlier works. It bears frequent marks of the overhang of war, of hasty preparation, and of compilation from other sources, rather than of deep original thought.

L. M.

PSYCHO-ANALYSIS. A Brief Account of the Freudian Theory. By Barbara Low, A.B. New York: Harcourt, Brace and Howe, 1920. 199 p.

This little book presents an outline of Freud's theory clearly and attractively. It should give a beginner a notion of what is to be found by deeper study. The rôle of sex is not exploited, and except in the later chapters it hardly appears. The author's expressed aim confines the subject strictly to the original work of Freud himself. **

The reader is carried along easily through theories concerning the unconscious, repressions, and the rôle of the dream. A chapter on treatment then follows, and the book closes with a broad generalization as to the social and educational results. Like many such works, it is decidedly sectarian, Freud being made a source of all good and his name and work mentioned with implicit faith and even reverence.

A. WARREN STEARNS, M. D.

AN INTRODUCTION TO CHILD PSYCHOLOGY. By Charles W. Waddle. Boston: Houghton Mifflin Company, 1918. 317 p.

The outstanding merit of this little volume lies in its clear and attractive presentation of the fundamental movements in scientific child study, experimental pedagogy, and behavior. It is conservative in that it all but ignores any contributions of the analytic schools in its otherwise very admirable survey and bibliography.

The topics for discussion accompanying each chapter are splendidly provocative of thought and greatly enhance the value of the book. There is fairly ample treatment of biological considerations, with a thoroughly satisfactory digest of fact and fable in mental inheritance.

The chapters on the moral nature of children and juvenile delinquency summarize the recent statistical studies in ownership, destructiveness, truancy, lying, obstinacy, disobedience, teasing, bullying, and general incorrigibility, passing over with bare mention the subject of sex delinquencies.

As a résumé, it is a very useful addition to the literature of child study, although it makes no pretence of offering original material nor of being a comprehensive treatise.

MIRIAM C. GOULD

HUMAN PSYCHOLOGY. By Howard C. Warren. Boston: Houghton Mifflin Co., 1920. 460 p.

This scholarly work must be set down as excellent for the purpose for which it is written, namely, a terse summary of formal psychological doctrine without especial emphasis on any extreme position or school of thought. The discussion follows the textbook form of description and painstakingly reports viewpoints of contemporaries with whom the author disagrees, without being controversial or intolerant. He shows a greater willingness than has been characteristic of the orthodox

psychologists in the past to discuss traits of personality and the moot subject of character analysis. His treatment of "attitudes" is a welcome feature, but there are practically no references to sex differences and mechanisms, one page of the four hundred or more being devoted to sexual reactions. So also is it confessedly inadequate in the direction of endocrinology and its bearing on emotion.

For these reasons Dr. Warren's book seems not quite representative of the present current in psychology.

MIRIAM C. GOULD

THE HIGH SCHOOL BOY AND HIS PROBLEMS. By Thomas Arkle Clark, dean of men, University of Illinois. New York: The Macmillan Co., 1920. 194 p.

As any undergraduate of the University of Illinois can readily tell you, "Tommy Arkle" knows pretty much all that is worth knowing about the Freshman and what made him so. In this book he sets down in a simple, wholesome, chatty, and fatherly way the makings of a man as seen by a master in the art.

It is a very good illustration of how human and interesting a book can be without a *new* thing in it. By kindly humor, moderation, by numerous examples both horrible and inspiring, by direct and canny—or perhaps uncanny—insight into boys' weaknesses and strengths, by a real love for the genus, and by an undimmed belief in the old-fashioned virtues of hard work, purpose, discipline, interest, enthusiasm, promptness, firm preparation at the beginnings, regularity, self-reliance, cleanness, concentration, consideration, and politeness as the girders of success in school and in life, he has been able to write a book for high-school boys, which answers a cry from the heart of one of his own college men: "If you want us to live a clean life and stand for the highest moral principles, don't wait until we get to college to set before us the ideals we should follow."

Dean Clark puts sex where it belongs: imbedded in the whole life and character of the boy, and not as a separate or detached fact. The amount of emphasis he gives to it is not that which it has in the thoughts and feelings of the boy; but rather that ratio which the mature man would like to think it has in the boy.

The writer seems to believe pretty thoroughly in "formal discipline" and in the beneficence of drudgery. He does not take kindly to the newer doctrines of motivation; which suggests "complexes" arising out of faculty debates.

Illustrating the desirability of a love for reading: "Life must be pretty dull to those whose acquaintance is limited to real people only." Apropos of fitness, as one factor in the choice of a profession: "If he is to be a clergyman, he ought to have leanings toward religion."

T. W. G.

THE SCIENTIFIC SPIRIT AND SOCIAL WORK. By Arthur James Todd, Ph.D., labor counsellor, B. Kuppenheimer Co., Chicago, formerly professor of sociology, University of Minnesota. New York: Macmillan Company, 1919. 212 p.

Dr. Todd's latest book is both a satisfaction and a disappointment: the one, because it is probably the first attempt that has been made to put together in brief compass a philosophy and a rationale for that vaguely defined group—the social workers—which is just now beginning to come to professional self-consciousness; the other, because, by reason of its very virtues—the anxiety to seize the public attention at the crest of timeliness, the addressing of the book to the social worker rather than to the social scientist, the resulting effort to popularize while maintaining the sociological approach—the author has produced, and probably with full intent, a less coherent and sustained work than, for instance, his own *Theories of Social Progress*. He is here the pamphleteer rather than the laboratory observer.

The background of the book is philosophical. Sundry chapters are devoted to such topics as Natural Rights, The Philosophy of Social Betterment, etc., to lay a basis for the newer conceptions of the preventive nature of modern social work, the extension of governmental control, and the recognition of the expert. But it is precisely Chapters VI and VII, in which he employs the experimental and statistical method most freely, which are the best-organized and most effective portions of the book. They seem, in fact, to cause so sharp a break with the content of the earlier chapters as to become almost irrelevant to the ensemble. These are respectively, *The Dead Center in Social Work*, and *The Labor Turnover in Social Work*—two suggestive, though incomplete expositions of the application of scientific method to the personnel of the profession. Applying with special fitness to conditions encountered by the more limited type of social work represented by the associated charities case worker, they nevertheless lay bare problems which confront in varying degree all agencies, local and national, which are nibbling at some corner of the social question. As in teaching and

certain other professional pursuits, the constant drain of talent on account of low stipends is marked. But many other causes enter in, and social work must find some systematic means of meeting this universal perplexity of turnover if it is to fulfill its proper function. Again, the psychologists' "plateaus of learning" ("dead centers," Dr. Todd calls them) form a continual obstacle to social executives. The "dead center" has, of course, emotional as well as merely mechanical overtones, and one way of escape which Dr. Todd suggests is through a more intensive cultivation of "the adventurous attitude in social work"—a willingness to keep eyes fixed on potentialities and "futures," rather than blindly to accept the rut of traditional procedure.

Obviously the social-hygiene movement could not have attained its present stage without a generous quota of this adventurousness. Dr. Todd is aware of the fact and speaks in high terms of the war-time work of official and unofficial agencies. There is, nevertheless, a lesson between the lines for social hygienists—the necessity of warding off ossification. For the future he looks to sublimation through recreation and esthetic expression, to a wide extension of curricular instruction in sex hygiene, and to a new national emphasis on the civilian health agencies.

Of the relations of social work to progress the author speaks soundly when he sets up as criteria a high average of health, vitality, and and capacity in the general population. "This is the measuring stick which must inexorably be applied to all such proposals as birth control, sterilization of the unfit, endowment of motherhood" And of prime importance in maintaining that high average he finds the stability of family life, sane and harmonious matings, and efficient parenthood.

It may be captious to call attention to careless proof-reading, inaccuracies in the use of names (*vide* "American Bureau of Social Hygiene"), and the meagerness of the index. Details like these, however, jeopardize the complete success of a book which has much of stimulating suggestion to offer the tribe of social workers.

K. M. G.

THE HEALTH OFFICER. By Frank Overton and Willard J. Denno. Philadelphia: W. B. Saunders Co., 1920. 512 p.

In dealing with a book that is in general as satisfactory and useful as this one, it is perhaps pleasanter first to register objections and then to proceed to praise.

The chief objection which may be raised is that the book suffers somewhat from the attempt of its authors to cover the entire field of public health alone. If some of the divisions of public health, such as insanity and mental defect, could have been written by specialists along those lines, the work would be more accurate and would present a more scientific point of view.

If a specialist in psychiatry finds flaws in the presentation of mental abnormality, it is possible that specialists along other lines may find points to which exception may be taken in their special fields of knowledge.

Taken as a whole, however, this is a good and useful book and it, or something similar, should be in the library of every health officer and physician in the country.

The point of view taken throughout of the dignity and importance of a health officer's work is stimulating and educational. A man fulfilling the requirements of knowledge, judgment, and tact that are here insisted upon, would be indeed a power for great good in his community.

The book takes up successively the various departments of public health that come within the domain of the health officer, including not only diseases as such, but such subjects as sewage disposal, water supply, ventilation, industrial hygiene, and child hygiene. The section on the venereal diseases covers the subject satisfactorily.

The book is well illustrated and well got up. The authors are to be congratulated for a valuable piece of work.

H. W. B.

LA PROSTITUTION: Étude Critique de Droit Compare. By Maurice Veillard, Docteur en droit. Nyon, Switzerland: Ed. Cherix, editeur, 1918. 158 p.

Dr. Veillard has given in convenient form a discussion, without much originality, of the legal aspects of prostitution, historically and analytically in various countries at the present day. He discusses countries that ignore prostitution, countries that repress it, countries that regulate it, and countries that repress some of the derivatives of prostitution (e.g., solicitation, pimping, etc.) while regarding the act of prostitution as not illegal, even though immoral.

This last attitude, which has come to be known as the abolitionist attitude, because it grew out of a demand for the abolition of all attempts

at regulation and medical supervision, is the one which the author himself favors. It is based on the idea that, legally, an individual has the right to dispose of his body in any way that he sees fit, and is therefore legally, even if not morally or ethically, justified in injuring it by debauchery.

Such a conception of prostitution is doubtless an advance over the old idea of segregation and "sanitation," but it does not seem to the reviewer to be a conception that can live long. It not only involves ridiculous inconsistencies, since it makes it a crime for a woman publicly to ask a man to commit an act which, if and when committed, is entirely legal; but it seems not at all to correspond to the facts of human nature. It is apparently based on outworn, metaphysical views of the individual. It seems to assume that all adults are equally gifted with the ability to choose for themselves between right and wrong, and certainly carries the implication that even if the only real wealth of the state, i.e., its citizens, is impaired by the acts of these citizens, society has no right to step in and forcibly prevent its own destruction.

It seems to the reviewer that such concepts have largely outlived their usefulness. They are, however, still popular in Europe; they can be defended plausibly; and so long as they are current it is well worth while to have them set forth briefly and clearly. Dr. Veillard's book, though already out of date because it confines itself to the state of legislation existing before the war, ought to be useful to students.

PAUL POPENOE

LA QUESTION DE L'AVORTEMENT. By Maurice Veillard, docteur en droit. Lausanne, Switzerland: Imprimerie La Concorde, "Hygiene et Morale Sociales," 1919. 30 p.

Primitive and savage peoples, according to Dr. Veillard, do not reprobate abortion, but on the contrary practice it freely. With a rise in the scale of civilization, a race always makes abortion an offense, and generally takes stern steps to prevent it by legal enactment.

Whether abortion is properly to be considered as an offense against the state has often been discussed, both by jurists and by theologians. The negative side adopts the position that the embryo, until it is viable, is not an independent being, but merely a portion of the mother, "a part of her entrails," with which she as a free moral agent is privileged to do as she pleases. This point of view lately was put forward in a practical way by F. Welti, a member of the legislature of the municipal

canton of Basle, Switzerland, who introduced a bill revoking all penalties on the practice of abortion. This stirred up a lively discussion, of which the present pamphlet is an echo.

At present the punishment for abortion in civilized countries ranges from death (in Sweden) to a mere fine (in some parts of Switzerland). The socialists, of whom Welti is said to be one, generally favored removal of all penalties, according to Dr. Veillard, while the Roman Catholics naturally led the opposition. The proposed act was finally defeated on reconsideration, after having been passed on first reading.

The latter half of the pamphlet is devoted to a summary of the author's own view, that abortion is essentially "the murder of a defenseless person" and to be punished as such. He recognizes, however, that there are certain cases in which the practice is justifiable, as medical ethics universally holds, e.g., to save the life of the mother. He believes that abortion is also justifiable following cases of rape and incest.

One seeks in vain in the pamphlet, however, for any rational discussion of the problem, or even a scientific statement of the case. Inasmuch as some Americans share the view of Welti, it would be desirable to have an intelligent study of the subject, which would point out the wastefulness and inadequacy of abortion as a means of dealing with the problem of population.

Dr. Veillard devotes a final section to means of combating the spread of abortion, quoting an estimate that at least 400,000 abortions are committed in France yearly. The author thinks that proper protection and aid for pregnant mothers, married or not, would do something, but that reliance is principally to be placed on a sound sex education with a moral basis.

PAUL POPENOE

BRIEFER COMMENT

Under this head SOCIAL HYGIENE aims to list books received which do not fall sufficiently within its field or are not of sufficient importance to its readers to warrant more lengthy notice

ONE AFTER ANOTHER. By Stacy Aumonier. New York: Macmillan Co., 1920. 273 p.

A novel which traces the lives of the two children of a Spanish mother and an English father. Realistic in treatment, it deals frankly

with many social questions which arise to-day. The author is not, obviously, a propagandist.

THE CHURCH AND INDUSTRIAL RECONSTRUCTION. By the Committee on War and the Religious Outlook of the General War-time Commission of the Churches. New York: Association Press, 1920. 296 p.

As the name implies, this book treats of the relation of Christian ideals to industrial reconstruction, especially in the light of post-war conditions.

THE WOMAN WHO WAITS. By Frances Donovan. Boston: Richard G. Badger, 1920. 228 p.

A collection of interesting and informational anecdotes of the author's experiences as a waitress in various grades of Chicago restaurants. The low moral standards, economic difficulties, relation of patron and waitress, the tip and its detrimental effects, dress, are all discussed. One gains the impression that the virtuous waitress is the exception rather than the rule. Statistics taken in 1915 show that of 2873 women examined, the largest number infected with venereal diseases were waitresses.

THE SCIENCE AND PHILOSOPHY OF EUGENICS. A Sure Foundation upon which to Build a Pure and Happy Home. By Ellis B. Guild, A.M., M.D., F.T.S. Kansas City, Mo.: Burton Publishing Co., 1920. 247 p.

It is presumptuous for the author to have given this book a title for which it is in no way qualified. The work is wholly lacking in the accepted canons of modern science, and if what is propounded as a philosophy can be called that, it is unsound and unnatural. Sex as a spontaneous, powerful, and pervasive factor in all departments of life is absolutely overlooked. According to the author, the sex instinct is but a cold and precise means of propagating the race.

DAS GESCHLECHTSLEBEN DES MENSCHEN (The Sex Life of Mankind). By Dr. Gerhard Hahn. Leipzig: Johann Ambrosius Barth, 1919. 124 p.

Dr. Hahn deals with the physical, social, mental, and ethical aspects of the sex question. Of the twelve chapters, three are entirely devoted

to the discussion of the venereal diseases. Other chapters treat Prostitution, Sex Education, Marriage, Propagation, Sex and Heredity. A concise and serviceable manual for adults. Nothing quite like it exists in English.

THE FOURFOLD DEVELOPMENT OF YOUNG MANHOOD. By Harold Franklin Humbert. Portland: Oregon Sunday School Association, 1920. 104 p.

As stated in the preface, this little book was planned for use in community training schools for church school workers. Practically the whole volume is devoted to the influence of religion on moral behavior. Only the first three chapters deal with "the fourfold development"—the physical, social, mental, and religious life of the boy in "late childhood, early, middle, and late adolescence." It does not, however, treat the subject of sex in any thorough, scientific way and thus fails to embody a well-rounded scheme of education.

HEREDITY AND SOCIAL FITNESS. A Study of Differential Mating in a Pennsylvania Family. By Wilhemine E. Key, Ph.D., Eugenics Record Office. Washington: The Carnegie Institution of Washington, Pub. 296, 1920. 102 p.

The record of an exhaustive investigation of the hereditary traits found in one family, which, although not pioneer work of its kind, gives added proof of the practical value of eugenics. It traces the progeny of a German immigrant, shrewd, honest, plucky, persevering, and progressive, and his wife, mentally defective, but a faithful, hard-working woman. Their children, some normal and some feeble-minded, founded lines of widely differing social efficiency.

PRISON METHODS IN NEW YORK STATE. A Contribution to the Study and the Theory and Practice of Correctional Institutions of New York State. By Philip Klein, Ph.D., assistant secretary of the Prison Association of New York State. New York: Longmans, Green & Co., 1920. 420 p.

A historical account of the various correctional institutions of the state showing what improvements have been made along the lines of health, care, control, education, discipline, and parole of inmates. One chapter deals with an explanation of the various systems used and the advantages of each.

SHORT TALKS ON PERSONAL AND COMMUNITY HEALTH. By Louis Lehrfeld, A.M., M.D., with Introduction by Wilmer Krusen, M.D., LL.D. Philadelphia: F. A. Davis Company, 1920. 271 p.

The title is distinctly indicative of the style of this book, which is a compilation of concise and informal talks. It was designed by the author to instruct the school pupil, the college student, and the social worker in the elements of public health. It is, however, not wholly adequate for this purpose as it neglects to devote any space to the venereal diseases, which deserve discussion as a public menace.

TUBERCULOSIS AND DISEASES CAUSED BY IMMORAL OR INTEMPERATE HABITS. By Clarence A. Lucas, M.D. Privately published, 1920. 99 p.

A concise handbook on the history, pathology, and treatment of tuberculosis, preceded by the essential facts of anatomy and physiology, and followed by a brief account of the symptoms and methods of prevention of the venereal diseases. For the latter subject, better manuals are in existence for the layman, and the inclusion of such diverse material in one book is confusing.

NATIONAL INTELLIGENCE TESTS, Scale A, Form 1, and Scale B, Form 1. Prepared under the auspices of the National Research Council by M. E. Haggerty, L. M. Terman, E. L. Thorndike, G. M. Whipple, and R. M. Yerkes, chairman. With Manual of Directions and Keys for Scoring. Yonkers, N.Y.: World Book Co., 1920.

These, the latest venture in the rapidly growing field of mental tests, have been long awaited as combining the best intelligence of the American Psychological Association pooled in the National Research Council, with the mass of data obtained from the psychological examination of army recruits in the late war. Many of the same tests are used with adaptation for grades 3 to 8 of the public schools, such as arithmetical reasoning, sentence completion, opposites, analogies, information, and symbol-digit. The publishers have also issued the Courtis, Haggerty, Otis, and Terman tests, and have others in progress.

PRACTICAL MASSAGE AND CORRECTIVE EXERCISE, with Applied Anatomy. By Hartvig Nissen, president, Posse School of Gymnastics. London: F. A. Davis Co., Fourth Revised Edition, 1920. 220 p.

A handbook for the masseur and the mechanotherapy practitioner, graphically illustrated throughout.

THE FAULTS OF CHILDHOOD AND YOUTH. By M. V. O'Shea, professor of education, University of Wisconsin. Chicago: Frederick J. Drake & Co., 1920. 286 p.

Professor O'Shea's book is designed, without abounding in technicalities, to guide parents in influencing the physical, intellectual, ethical, and temperamental development of their children. Vice is the topic of one chapter but is considered as solely a boys' problem. No emphasis is laid upon the proper sex education as a possible means of eliminating a great deal of the unwholesome attitude toward sex.

THE SEXUAL BASIS OF THE CREATIVE CAPACITY OF THE MIND. By Charles R. Paine. St. Louis, Mo.: Privately published, 1920. 28 p.

A speculative pamphlet devoted to the hypothesis that the development of the organic brain and of the higher mental processes is sequentially correlated with the evolution of the sexual instinct and function in the race.

THE STRATEGY OF LIFE. A Book for Boys and Young Men. By Arthur Porritt. Foreword by Dr. J. H. Jowett. London: Fleming H. Revell Co., 1920. 156 p.

A book that might have been written in the mid-Victorian period, disregarding present-day social and sex problems, and inadequate as a guide for boys and young men.

ETHICS AND NATURAL LAW. A Reconstructive Review of Moral Philosophy Applied to the Rational Art of Living. By George Lansing Raymond, L.H.D., formerly professor of æsthetics at Princeton University. New York: G. P. Putnam's Sons, 1920. 345 p.

Asserts the necessity of mental control over physical desires, devoting one chapter to the ethical aspects of sex and marriage. Favors state legislation to prevent the reproduction of disgenic classes. The general tone is speculative and removed from present-day considerations. Its psychology is that of an elder generation.

BIOLOGY FOR HIGH SCHOOLS. By W. M. Smallwood, Syracuse University; Ida L. Reveley, Wells College; and Guy A. Bailey, Geneseo State Normal School, New York. New York: Allyn & Bacon, 1920. 550 p.

The authors have divided their subject matter into four parts: animal biology, plant biology, human biology, and general biology.

There is no specific reference to sex hygiene, nor is reproduction explained, except in the lower animals and in the plant forms. Otherwise well adapted for a general high-school text.

A GENERAL OUTLINE AND SYLLABUS ON HYGIENE. By T. A. Storey, M.D., Ph.D., professor of hygiene, College of the City of New York, and executive secretary, United States Interdepartmental Social Hygiene Board. Washington: Government Printing Office, 1920. 114 p.

An authoritative manual, outlining a course especially for the use of departments of hygiene established in normal schools, colleges, and universities, with the assistance of the Interdepartmental Social Hygiene Board. In addition to the syllabi on general, individual, group, and intergroup hygiene, a supplementary syllabus is provided, by means of which instructors in hygiene may articulate with the general course material on the venereal diseases, "their causes, carriers, and prevention." Full lists of publications and references are given.

QUEENS. A Book for Girls About Themselves. By Violet Trench. New York: Frederick A. Stokes Company, 1920. 64 p.

"Queens you must always be," says Ruskin in *Sesame and Lilies*, and the author, taking her cue from him, addresses an appeal to girls in the language of chivalry and medieval allegory. The circumlocutions which such an effort requires may interest some romantic girls, but their species is passing.

THE CONTROL OF IDEALS. A Contribution to the Study of Ethics. By H. B. Van Wesep. New York: Alfred A. Knopf, 1920. 150 p.

A reconstruction book concerned primarily with the matter of war prevention. The author suggests as a moral equivalent of war, a more strenuous playing of the game of life itself—the unfinished war against nature, "horrible unmorality," and injustice.

HEALTHY LIVING. By Charles-Edward Amory Winslow, D.P.H., professor of public health, Yale Medical School, and curator of public health, American Museum of Natural History. New York:

Charles E. Merrill Company, 1920, enlarged edition. Book I: How Children Can Grow Strong for Their Country's Service. 248 p. Book II: Principles of Personal and Community Hygiene. 405 p.

Written in two volumes, Book I for children of about eight to eleven years, Book II for those of the adolescent period, this work, although extensive and well adapted for children within its limitations, fails to make any mention of sex hygiene or reproduction. In Book I the author wisely makes use of the story and picture appeal for younger children. Each volume has a final chapter on sport and health by Walter Camp. Much of the same material is contained in both books. They are interestingly illustrated.

ABSTRACTS OF PERIODICAL LITERATURE

WILLIAM HENRY WELCH. A Biographical Sketch. By Simon Flexner. *Science*, Vol. lii, No. 1349, November 5, 1920.

This biographical sketch is used as an introduction to the collected papers and addresses of Dr. Welch, compiled in his honor upon the occasion of his seventieth birthday, to be published in three volumes under the editorial supervision of some of the foremost scientists of the day. Dr. Welch was president of the American Social Hygiene Association from 1917 to 1919.

William Henry Welch was born in Norwalk, Connecticut, April 8, 1850. Here he was reared until he entered Yale, where he received his bachelor of arts degree in 1870, standing third in his class. After teaching for a year, he matriculated at the College of Physicians and Surgeons, but he abandoned this to take some courses at Sheffield Scientific School. During this time he was associated with men who were to have a profound influence upon his life. They were Professors Oscar Allen and George Barker, and T. Mitchell Prudden. Again he entered the College of Physicians and Surgeons, and during his time there, he won the Dr. Seguin prize.

In 1874 Welch entered upon his term of internship at the Bellevue Hospital, after which he spent two years in Europe, chiefly in Germany. He studied under the old masters there, among whom were Heubner, Wagner, Ludwig, Cohnheim, and Breslau. Some of his student-associates at this time were the to-be-renowned Pawlaw, Drechsel, Flechsig, Weigert, Ehrlich, Lassar, Neisser, Rosenbach, and Solomonsen.

He returned in 1878, full of the thorough training which scientific Europe could give. He had acquired the most accurate knowledge of pathology that was to be had at that time. Later in that year Bellevue gave him a small laboratory in which his pioneer work in pathology was accomplished. In the six years that followed, Welch was a scientific magnet in New York. As leading pathologist, he was visited by students from all over the country, and he was inculcating his ideas of the new pathology.

At the height of his power, he was offered the Baxley professorship of pathology at Johns Hopkins. Against the advice of friends he

accepted. Before assuming his new responsibility, however, he took a second trip to Europe, coming in contact now with Koch, Celli, and Flügge, and among the students with the now eminent McFadyen, Nicolaier, and Wyssokowitch. Returning, he took up his work at Johns Hopkins, building for himself a reputation for soundness, not only as a pathologist, but as a teacher. He instituted a new standard of medical instruction.

Among his more recent achievements are the establishment of a model school of public health and hygiene; his part in the so-called full-time system in the clinical branches of medical teaching; his serving on scientific and philanthropic boards; his carrying the benefits of medical knowledge to the furthest parts of the world.

In all his undertakings, as investigator, reformer, and scientist, Welch has been found unassuming but profound, striving rather to influence by exposition than by harsh judgments of other theories.

MEMORANDUM ON THE CONSIDERATION OF HEREDITY AT THE MINISTRY OF HEALTH. By Major Leonard Darwin, Sc.D., president of the Eugenics Education Society. *Eugenics Review*, Vol. xii, No. 2, July, 1920.

In a memorandum by the Chief Medical Officer of the Ministry of Health, "Eugenics and the principles of sound breeding" are placed first in order amongst the principal elements of a national policy of preventive medicine. No such recognition of this subject has ever before been given by a public body, and for the first time there seems to be a chance that racial questions will receive adequate attention at the hands of the government.

Since questions connected with heredity are to be included in the purview of the Minister of Health, research should be encouraged in the following problems:

1. Heredity and birth- and death-rates—investigations which aim at ascertaining the associations between different social conditions and the birth- and death-rate.
2. Heredity and disease—the true hereditary correlations of innate tendencies to disease, as distinguished from parental correlations resulting from similarity of environment.
3. Heredity and industrial diseases—the distinction between ailments which may have been increased by bad conditions and defects that are due to constitutional causes.
4. Heredity and syphilis—whether the children of congenitally syphilitic parents show symptoms of congenital syphilis more often than might be accounted for by fresh

infections in the parents; also whether the congenitally diseased infant is ever free from the presence of the *Spirochaeta pallida*.

5. Heredity and insanity—inquiry into the heredity of different types of insanity; especial endeavors to compare the children of syphilitic with non-syphilitic parents would be useful in ascertaining what types of insanity are promoted by parental syphilis.

6. Heredity and mental defects—the prevention of parenthood of the feeble-minded; whether bad environments are truly causative agents of mental defects, or whether they are merely selective agents of inferior types.

7. Heredity and alcoholism—hereditary tendencies to drunkenness; experiments on animals to ascertain whether the transmission of the defects in subsequent generations does, or does not, follow the ordinary rules of heredity.

The lines of research mentioned above all point to reform in the more or less distant future. However, some reforms are necessary immediately, in respect to birth limitation, education in sex hygiene, prisons and workhouses, mental defectives, inspection of aliens. A national survey, which is believed to be in contemplation, should be undertaken. Individuals should be registered, so that special facilities for inquiry might be given in view of a contemplated marriage of the individual in question.

It would be advisable that consultative councils be established for the consideration of the problems of heredity. The establishment of such a board would prove to be the greatest practical step in advance yet made in regard to racial questions, if that board should have all financial, political, and scientific facilities, and if no other duties besides the consideration of hereditary problems were assigned to it.

DEFECTS FOUND IN DRAFTED MEN. By Charles B. Davenport, director, Station for Experimental Evolution of Carnegie Institution; and Lieut. Col. Albert G. Love. *Scientific Monthly*, Vol. xi, Nos. 1, 2, January, February, 1920.

It is an unfortunate fact, yet none the less a true one that the condition of any population comes far from meeting the ideal, which is physical soundness, mental competency, and temperamental control. A survey of the condition of the population has not been taken until recently when the necessity arose of drafting 3,000,000 men into the army. Severe service necessitated the careful examination of the physical and mental capacity of each man.

By a method of approximation, a hypothetical number of 2,753,922 was arrived at as the total draft population upon which ratios were calculated. In the present paper the unit of discussion is the rate of

incidence of a particular defect in 1000 men. The rate "1," therefore, when given as the rate for a defect, means that one man out of 1000 was found with that defect. Since the total of men is about 2,754,000, "1" means that there were 2754 men found with the given defect.

The results of this investigation brought out three different things: first, the relative frequency of the main groups of defects found; secondly, the classification of men in relation to military service on the basis of these defects; and thirdly, the relation of the defects to geographical distribution, occupation, and race.

Of the defects found, those of a mechanical sort were commonest and constituted 39 per cent of the defects. The next place was taken by defects of the sense organs, about 12 per cent; next came the two great and nearly equally-sized disease groups of tuberculosis and the venereal diseases which constituted together about 11 per cent, of which 5.4 per cent were tuberculosis and 5.8 per cent were the venereal diseases. About five per cent of the men were insufficiently developed (height, chest-expansion, cleft palate, harelip, etc.). Of the nervous and mental diseases, mental deficiency was the most important, of which the total was about 40,000 cases. Diseases of the nose and throat amounted to 64,000 cases. Defects of the skin and teeth included 40,000 men.

Of course some of the defects stated above have very little bearing in civilian life but are paramount from a military standpoint. From the point of view of the army, it was necessary to establish five categories:

Class V-G. Complete rejection by local boards because of physical defects.

Class A. Accepted for military service.

Class B. Included men who had a defect, who after being cured, could participate in general military service.

Class C. Such defects as would permit only limited service.

Class D. Men rejected on physical grounds from military service. Altogether about 12 per cent of the men were rejected for any military service.

Venereal Diseases.—These diseases have a social interest which far exceeds the military one. Their numbers give a rough index to the success with which the different states have met in their efforts to inculcate sex mores, and the capacity that the populations of the different sections have in inhibiting the sex instincts. This group of diseases includes syphilis, chancroid, and gonococcus infections, which together give a rate of "32." This rate, or at most the rate of 56 per mille, obtained from the second million men alone, must be taken as

the most precise information we have concerning the proportion of men in the United States of the ages of 18 to 80 who show symptoms of venereal diseases at a given time. There is no statistical justification for the statement made by propagandists that 10 per cent or more of the men of the United States are infected with venereal diseases. No "conservative estimate" can replace, or add anything to, the results of over 2,500,000 (probably 2,754,000) men which have led to the figures quoted. It is to be remembered, moreover, that this rate of 8 or at a maximum 5.6 per cent, includes the colored population as well as the white, and there is good statistical evidence to show that colored men are several times as apt to be infected as white men. As the figure shows, just those states with the largest proportion of colored population have the highest ratio of venereal diseases. Adjacent regions with an intermediate proportion of colored population showed an intermediate amount. Relatively small rates were found in the New England states and New York; and the northern states west of the Mississippi River, Wisconsin and the Dakotas, inhabited largely by immigrants from northern Europe, especially Scandinavia, show the lowest rate for these diseases. If the rural rate is a shade higher than the urban rate, it is because the Negroes of the South unduly swell the proportion of the infected states. In the northern states like Maine, Massachusetts, New Jersey, and Ohio, the rural rate is less than the urban. On the other hand, the venereal-disease rate for eastern manufacturing states, and especially for the commuter sections (1.9) is less than that of the northern agricultural districts; but it is not lower than the rate in those agricultural regions which contain a large proportion of recent immigrants, especially from northwestern Europe.

Nervous and Mental Defects.—Of this group the two commonest defects were epilepsy and mental deficiency. There was a rate of 5 for epilepsy. This disease is more prevalent in rural districts, probably because of more inbreeding there. It occurs more frequently in the older settled parts of the country, New York, New England, Virginia, North Carolina, and Louisiana. It is probably true that the disease is widespread among the French as a race, which accounts for its frequency among the French Canadians and Louisianians.

For mental deficiency the rate was still higher, 14. This defect is commoner in rural districts. It is more prevalent in the southern districts, largely due to the Negro race. The commuter group contains the lowest rate among the occupational groups, while the mountaineers of the Southern Appalachians comprise the greatest.

To summarize, the northeastern part of the country is characterized by congenital defects and those of city life. The northwestern part is characterized by deformities due to accident. The southeast has venereal diseases, hookworm, and similar complications. The southwest has large tuberculosis, drug addiction, hypertrophied tonsils, and hernia rates. The northern central area is contrasted with the southern by having more goiter, less tuberculosis, and much less venereal disease, and more heart diseases, deficient teeth, psychasthenia, and constitutional psychopathic states. From a military standpoint, the northwest contains the best men of the country.

Total Defects or Diseases
(Ratio per 1000 in second million drafted men)

Defect	Ratio	Defect	Ratio
Pes planus.....	109.35	Goiter.....	4.35
Venereal diseases.....	56.69	Foot deformities.....	4.03
Organic diseases of heart.....	30.74	Lower extremities, loss of.....	3.19
Defective vision.....	30.07	Goiter, exophthalmic.....	3.14
Underweight.....	26.50	Underheight.....	2.91
Endocarditis, valvular heart diseases.....	26.26	Deficient physical development....	2.66
Tuberculosis.....	24.86	Asthma.....	2.46
Tonsils, hypertrophied.....	23.09	Arthritis.....	2.31
Hernia.....	20.83	Metatarsalgia.....	2.24
Inguinal rings.....	18.99	Upper extremities, loss of.....	1.93
Defective teeth, dental caries.....	18.54	Obesity.....	1.80
Mental deficiency.....	12.06	Cardiac arrhythmia.....	1.80
Hemorrhoids, varicose veins.....	8.59	Trachoma.....	1.37
Otitis media, perforated ear drum....	8.57	Hydrocele.....	1.14
Blindness in one or both eyes.....	7.81	Speech defect.....	1.08
Fracture or malunion of extremities..	7.75	Amblyopia.....	1.07
Deaf, dumb, mute; defective hearing.	7.69	Hysteria, neurasthenia, neurosis....	.89
Hand deficiencies.....	7.50	Deficient chest measurement.....	.87
Hammer toe and hallux valgus.....	6.79	Dementia praecox.....	.65
Ankylosis, bony or fibrous.....	6.75	Drug addiction.....	.54
Pronated foot.....	6.31	Psychasthenia, psychoneurosis....	.51
Curvature of spine.....	5.53	Alcoholism.....	.31
Epilepsy.....	5.15	Manic-depressive psychosis.....	.18
Cardiac hypertrophy or dilatation....	4.65	All others.....	24.34
Tachycardia.....	4.45		

THE PRACTICABLE IDEAL OF PROTECTION AND CARE FOR CHILDREN BORN OUT OF WEDLOCK. By Rev. Robert F. Keegan, secretary for charities to the Archbishop of New York. *Catholic Charities Review*, Vol. iv, No. 4, April, 1920.

We should consider in the problem of the protection and care of the illegitimate child, four things: justice to the child, to the mother, to the father, and to the community.

I. Justice for the child demands the right to life, to the opportunities of life, to parental care and affection, to opportunities for self-development, to all the privileges that other children receive from parents and the community.

II. The question of justice for the mother falls into two divisions—duties and rights. The duties are to respect the rights of her child from the moment of conception; to register her child's birth; to strive to give her child the proper care and training. Her rights are protection against scorn and stigma; the right to self-development, to achieve for herself a peaceful, contented life.

III. With the father, too, there are duties and rights. As a father his responsibilities are: to marry the mother when possible or advisable; to share the economic burden of the child; to be as responsible for his child's care and education as his circumstances permit. On the other hand, he has the right to the firm establishment of the fact of his fatherhood of the child in question.

IV. The community must see that the parents do not evade their responsibilities. It must protect itself from imposition. It must also protect the child from any handicap due to its birth.

It is only by individualization of study and treatment, with firm and sound principles of justice to all concerned, that there can be any hope for the adequate treatment of the problems of the unmarried mother and her child.

THE FREEDOM OF A CITY. A Year in Grand Rapids without Unemployment, Low Wages, and Drink. *Survey*, November 6, 1920.

This appraisal of the facts of prosperity and prohibition in Grand Rapids is not statistical nor is it a survey. Rather it is a significant sampling in terms of a representative American community of conditions of life and labor as they have been affected by sweeping changes in law,

in custom, and in the labor market. It was made as a result of several questions asked by Justice Louis D. Brandeis in reference to the year of freedom from unemployment, low wages, and drink. He asked what the gains have been thus far; what future gains can be expected; and what else must be done to make the world livable. The studies are based on investigations conducted by Bruno Lasker and Winthrop D. Lane of the *Survey* staff.

The gist of the Grand Rapids findings, as given by the investigators, was as follows:

Drink: Two years before most American industrial centers, Grand Rapids became sober. State prohibition closed its 160 saloons and its 40 or 50 "halls" equipped with private bars. Its wholesale liquor houses went out of business and its three breweries turned into soft-drink factories. Grand Rapids today is free from drunkenness if not from drink.

Wages: In common with the rest of the country, the war brought to Grand Rapids high prices and high wages. Wages advanced faster than prices. The average daily wage increased between 1917 and 1920 by approximately 100 per cent; the cost of living for wage-earning families by somewhere between 65 per cent and 70 per cent. A majority of households in Grand Rapids are experiencing a higher level of prosperity.

Steady Employment: Steady work, due to world-wide under-production in the war years and especially to a larger demand for Grand Rapids products in furniture and home furnishings, freedom from serious strikes or lockouts and, to a smaller extent, the shutting off of immigration, has reinforced the result of higher wages. Grand Rapids provides an all-the-year-round income for its working people.

The Home: Families spend more time together. The front porch and the garden have come up as the corner saloon has gone down. Children are better cared for. Mothers know, some of them for the first time, what it is not to be on the grocer's books. Fathers take notice of shabby furnishings and help save up to replace them. The whole town is better dressed. China shops and piano dealers have engaged new assistants. Home purchase, always popular in Grand Rapids, flourishes even more.

The Factory: Mondays are no longer blue or black. Absenteeism because of "severe headaches" has decreased; industrial accidents likewise. The trouble-making barkeeper is now not the first to welcome the newcomer to the city or the home-comer on his way from the pay-window. Philip, sober, has begun to realize that some men are worth more than others; to take a livelier interest in shop concerns, to express himself more easily and freely on the processes of which his work is part. The change has, however, also made for restlessness, especially among the younger workers, and in some cases it has slackened effort and swelled the labor turnover. Faced with the necessity of retaining experienced employees, manufacturers are coming to study more closely the conditions of work and human relationships within the factory.

Health: Tuberculosis and infantile mortality, two good indices of the public health, are on the decline in Grand Rapids. Though primarily this is due to effective popular education, wiser spending and more food have played their part. Folks go to see the doctor, dentist, and oculist before they are forced to do so by pain or disability; they

insist on the best treatment; they pay more attention to small ailments. The vital statistics in the years to come will show the result of this shifting from cure to prevention.

Recreation: The demand for automobiles, for fishing tackle, tents, and other sporting goods can hardly be met. The boat clubs have long waiting lists. Facilities for both indoor and outdoor recreation have been outgrown. The one big improved park of Grand Rapids on Sundays is crowded to overflowing. The roads leading out of the city are filled with happy families out for picnics. More vacations and longer vacations are taken. Moving picture and vaudeville theaters have full houses.

Thrift: The bulk of additional earnings, after due allowance for higher prices, goes into substantial home comforts. Frivolous spending has resulted, chiefly, from too rapid an improvement of fortunes in individual cases. Where the pay check has grown more gradually, there has been, first, a considerably improved table, better clothes, and more amusements; second, a frittering away of small change on incidental expenditures; third, a saving up of larger amounts for substantial purchases, such as furniture, phonographs, musical instruments, furs, ornamental home furnishings, "flivvers," home purchase. Pawnshop transactions have been reduced by one third, and debt collection has become easier than ever before. With an unusually large number of savings banks, Grand Rapids has experienced a marked increase of savings, side by side with lavish spending.

Crime: Prohibition has all but emptied the county jail. The county farm has run down for lack of prison labor. The police force has been greatly reduced. The withdrawal of liquor from dance and social halls has closed a prolific source of immorality and crime. The number of arrests has been almost halved in the two years during which prohibition has been in effect. Intoxication, rowdyism, vagrancy are most conspicuous among the crimes diminished in number.

Poverty: Visible signs of want or degradation are few. Where sickness, old age, or personal defects of one kind or another have made it impossible to earn high wages at piece rates or large bonuses, or to take a better paid job, where families are exceptionally large, where spendthrift habits have become incurable, the relative poverty of families among their more prosperous neighbors is the more marked.

The City: Citizens who spend more on themselves and their homes have become more liberal in their attitude to public expenditures. They demand good services and are willing to pay for them. Bond issues for additional municipal equipment have been approved by large majorities.

Philanthropy: In spite of the weariness from the large "drives" shared by Grand Rapids with the whole country, and the common lethargy toward Europe's bitter need, support of home charities and philanthropic agencies has broadened. The churches also have participated in the general prosperity, both by the receipt of large individual gifts and by a more systematic financing of their usually increased gifts.

Public Opinion: From city officials to housewives, from bank presidents to labor leaders, Grand Rapids people line up pretty solidly in favor of strict enforcement of prohibition. Witnesses almost invariably said that the two most noticeable effects of prohibition were the change it had brought in family life and the fact that the younger generation was growing up without the taste for alcohol.

The Moral Outlook: Better times, in the first stages, have meant more self-indulgence. But the moral tone of the community is higher than it ever was before. While family discipline has somewhat relaxed as young people have become more than self-supporting, the increased earning capacity of girls has made for a relationship on more equal terms between young folks of both sexes. Absence of worry has made for a general liberation

of mental energies, as yet often idly employed in frivolous pursuits, but beginning to introduce into the life of the community a desire for finer enjoyments and spiritual emancipation.

The following condensed table shows the reduction in the number of specific crimes, chiefly sexual, which has occurred in Grand Rapids from 1916 to 1920.

<i>Felonies</i>				
	1916-17 (Saloons open)	1917-18 (Saloons open)	1918-19 (Prohibi- tion)	1919-20 (Prohibi- tion)
Assault felonies ¹	19	22	1	10
Desertion	16	17	6	8
Indecent liberties	5	8	4	1
Maintaining house of ill fame ..	1	0	2	0
Rape	6	5	7	8
<i>Misdemeanors</i>				
Contributing to delinquency of minor child	1	3	0	3
Disorderly act	5	3	0	1
Disorderly conduct	94	85	52	67
Intoxication	1895	1734	240	421
Non-support	58	34	26	27
Vagrancy	102	132	5	15
Visiting houses of ill fame	3	9	6	1

¹ Assault felonies include among others assault with intent to commit rape.

THE COST OF VENEREAL DISEASE TO INDUSTRY. By Ray H. Everett.
Journal of Industrial Hygiene. Vol. ii, No. 5, September, 1920.

Until we received army statistics concerning the venereal diseases, it was difficult to meet the "show-me" attitude of business executives. It was found that of the "second million," 5.6 per cent were infected with venereal disease. In 1917 gonorrhea was the commonest cause of admission to sick report among soldiers in the United States and in 1918, was second only to influenza. Hence it is easily seen that except for the unusual influenza epidemic, venereal infection was the greatest cause of disability in the army during 1917 and 1918. In these two years the total time lost to the entire army through venereal disease was 4,825,661 days—2,412,830 days per year.

Although these army statistics cannot be applied literally to industry, they do indicate a fair estimate of time necessary for treatment. Then, too, it must be understood that while the worker would not always be actually out of employment ten days (as in the army), he would nevertheless be ailing and non-effective in his work to a greater extent than the army's ten-day average represents. Also there are many instances in which compensation is paid to employees by insurance carriers for the delayed recovery from accident when the venereal disease is the cause of the delay.

To the question, "How best can industry coöperate in the campaign?" the answer is: by coöperating with the different agencies in their educational, publicity, and medical work. To another question likely to be asked by a business executive, "Will the clinic be extensively patronized?" the answer is that where it has been tried it has been very well attended.

One corporation upon investigation found that one employee out of every ten had a venereal disease; that 68 per cent of non-effectives were so because of venereal disease; that every person who had a venereal disease lost three times as much time from work as an uninfected one; that it cost each person so afflicted \$75 per year for treatment, aside from the time lost. The officials were soon convinced that it would repay them to take steps to remedy the situation and, by coöperating with the United States Public Health Service, in a short time the cost of operating the clinics was offset by the increase in production.

Summary

1. Army statistics, being fair and comprehensive, form reliable grounds on which to base estimates of loss to industry through the venereal diseases.

2. A conservative estimate of the number of cases in the 3,500,000 men, drafted and enlisted, who were in the army during 1917 and 1918, shows 5.6 per cent infected with a venereal disease. Excepting the unusual incidence of influenza, the venereal diseases accounted for more men on sick report than any other disease.

3. It is impossible to estimate with accuracy the loss due to such causes as rheumatic and other venereal-disease complications, micturition, decreased efficiency, increased compensation payments necessitated through slow healing of wounds, etc.

4. Industrial aid in controlling venereal diseases can be made most effective through financial and moral assistance to local public-treatment facilities rather than through plant clinics. Much may be accomplished within the plant, however, through plant carding and the distribution of educational material.

5. Several demonstrations have proved that a reasonable appropriation for fighting these diseases will more than pay for itself in increased efficiency and lessened labor turnover.

THE SAPROPHYTISM OF VENEREAL ORGANISMS AND ITS DANGERS.
By H. Gougerot, M.D. *International Journal of Public Health*.
Vol. i, No. 2, September, 1920.

"Saprophytism" is taken in the clinical sense of the word, i.e., germs living on the surface of tissues in the absence of clinically demonstrable lesions: often it can even be verified that there is no histological lesion to be detected with the present technique.

We are able to prove by clinical facts, by certain observations which are equivalent to experiments, and by some bacteriological findings that saprophytism of venereal organisms (the *Treponema pallidum*, Ducrey's bacillus, and gonococci) does exist on mucosae which appear to be free from lesions. In almost every case the patients have had previous venereal lesions; the organisms persisted saprophytically. Sometimes these are "new" patients, that is to say, patients who do not seem to have had a previous lesion. The prophylactic interest connected with these "carriers of venereal organisms" is evident. The fact that a man or a woman is clinically free from any lesion does not prove that he or she is not contagious. This question of saprophytism has other interesting bearings, especially in connection with the prophylaxis of venereal diseases. Patients who appear to be cured must be kept under clinical and bacteriological observation. Clinical and bacteriological examinations must supplement each other. Cures must be maintained and consolidated by further treatment, especially in the case of prostitutes.

SYPHILIS IN RAILROAD EMPLOYEES. By John H. Stokes, M.D. and Helen E. Brehmer. *Journal of Industrial Hygiene*, Vol. i, No. 9, April, 1920.

Literature in the past has emphasized the menace of syphilis of the nervous system to the safety of the public, particularly in the parasitic and epileptic forms.

Among the 3000 unselected cases of the Mayo Clinic were 50 railroad employees, including firemen, brakemen, locomotive engineers, switchmen, conductors (excluding dining-car), section hands, yard foremen, inspectors, telegraph operators, signal maintainers, and station agents. Men of these types, aside from their responsibility, form an interesting group from a medical standpoint, because they have been ostensibly under medical surveillance, and their health record is indicative of the medical efficiency of the industrial medical practice of the

past. To find so high a percentage of the men infected with a grave disease and to find so much of the infection easily recognizable and yet apparently unrecognized, suggests the need for a modern revision of methods in medical supervision.

Of the 50 men examined, one third were on the engines, three fourths were engaged in actual operation of the trains, one fourth were engaged in such occupations as yard foreman, section hand, etc. Among the entire 3000 cases examined, of those who had syphilis it was found the occupational percentages were as follows: railroad employees, 11.7 per cent; laborers, 6.1 per cent; business men, 3.8 per cent; and farmers, 1.5 per cent.

The sexual habits of the railroad men considered can be inferred from the fact that of the 42 from whom data was obtained, 80 per cent admitted having had at least one attack of gonorrhea. The effect of the venereal diseases on the second generation of this group is suggested in the fact that of 36 marriages, 44 per cent were sterile or marred by miscarriages.

The situation with reference to syphilis in industrial medical inspection may be summarized as follows: that the examinations hitherto applied are inadequate; that it is to the interest of the employer and the employee that syphilis be detected in its earliest stage; that it is to the interest of the public that both employer and employee do their duty. The present railroad medical examination could be improved by: careful application of the Wassermann test to all between the ages of 17 to 25 upon entrance to service; repetition of the Wassermann on all men coming to the age of 32; thorough examination of men between the ages of 25 to 40 annually; propaganda for educating the employees on the importance of syphilis in industrial efficiency and hygiene.

A STUDY OF THE INCIDENCE OF HEREDITARY SYPHILIS. By P. G. Jeans, M.D., and J. V. Cooke, M.D. From a report made before the American Pediatric Society. *Medical Record*, Vol. 98, No. 8, Aug. 21, 1920.

This study was made with the aid of a grant from the United States Interdepartmental Social Hygiene Board. The method employed was the histological examination of a series of placentas, together with a Wassermann reaction on the fetal blood collected from the umbilical cord at birth. The material collected from several sources included

about one fifth of the children born in St. Louis over a period of months almost equally divided between charity and private patients. Up to the time of report, 129 infants of two or more months of age were examined. Ten per cent of these presented undoubted evidence of syphilis, and the remainder were just as evidently non-syphilitic. When classified according to races, the incidence is 15.8 per cent among Negroes and 5.5 per cent among whites. The histological examination of the placenta as to the presence or absence of syphilitic changes corresponded to the established diagnosis in 95.5 per cent of the cases. The lack of correspondence consisted entirely in finding no syphilitic changes in the placenta in cases in which the infant had syphilis. In every instance in which the placenta was noted as showing syphilitic changes the infant was found later to have syphilis. In this group of cases in which the diagnosis was established, the Wassermann reaction on the placental cord blood corresponded to the diagnosis in the infant in 96.5 per cent. Here also the discrepancies were due to the finding of a negative Wassermann reaction in the fetal blood in instances in which the infant was syphilitic. In every instance in which the fetal blood gave a positive Wassermann reaction the infant was found to have syphilis.

Therefore, in order to give a clean bill of health to an infant at birth it was necessary to have all three examinations negative, i.e., maternal Wassermann reaction, placenta, and cord-blood Wassermann reaction, and even then there might be some uncertainty. The fact that the treatment of the mother during pregnancy will result in a non-syphilitic child had been proved in another observation. In this series that observation had been confirmed. It was the belief of the observers that the whole group fairly represented a cross-section of the population of St. Louis, and if such is the case, the incidence of hereditary syphilis at the time of birth is 6 per cent.

SYPHILIS AND THE PERIODIC EXAMINATION. By Arthur F. Kraetzer, M.D. *Medical Times*, Vol. xlviii, No. 10, October, 1920.

There is a growing and fortunate tendency to appreciate the value of the periodic physical examination. This entails the keeping of detailed and accurate records.

Regarding the technique of the examination, it should comprise history, actual physical examination, urinalysis, blood count, examina-

tion of stained smear, and the Wassermann. These constitute the irreducible minimum.

The disease which is unrecognized in countless cases, and which is the cause of many obscure symptoms which show no response to the ordinary routine treatment, is latent syphilis. There is only one means of recognizing this condition and that is the Wassermann reaction. It should be a matter of strict routine because only then can many of the latent cases be discovered.

One great obstacle to the use of the routine Wassermann is the prejudice against syphilis. In the eyes of most of the laity and of many doctors, syphilis is not a disease but a visitation of disgrace and punishment. Unconsciously it is identified with sexual guilt.

The article concludes with a case history exemplifying the unnecessary bad health and inefficiency which result from a neglect to apply the routine Wassermann.

SPECIAL TREATMENT CLINICS FOR VENEREAL DISEASES. The *Public Health Journal* of Canada, Vol. xi, No. 3, March, 1920.

It is the intention of the Provincial Board of Health to assist local boards of health to establish special clinics for the treatment of venereal diseases. The Board feels that the choice of a site for the special clinic or clinics in the various municipalities should be left to a certain extent in the hands of the local authorities who understand local conditions. The Board would suggest, however, that where facilities already exist, as in the case of hospitals, etc., other things being equal, these facilities should be used. The Board will afford the following assistance to each clinic established:

1. For the purchase of furnishings and apparatus for a special clinic, \$1,000. Where a clinic is already in existence and up to the standard prescribed by the Board, the same financial assistance will be given.

2. For each outpatient treatment for gonorrhea \$.50

For each outpatient treatment for syphilis \$.50

No more than one treatment each day will be paid for. For each outpatient treatment for syphilis in addition, free salvarsan will be provided as soon as the Board is in a position to furnish its own product.

3. In the case of patients treated in the hospitals, the sum of \$.25 in addition to the foregoing grants will be paid to the hospital for each day of indoor treatment up to three months, at the end of which time the indoor grant will cease.

4. The sum of \$500 toward the maintenance of a social worker.

5. Standard record forms for the use of these special clinics will be supplied by the Board.

In return for this assistance the Board will require that the clinic be kept up to a certain standard as follows:

1. The special clinic shall be for the treatment of venereal diseases.
2. The apparatus and furnishings for the clinic shall follow Schedule (a), prescribed by the Board:
3. The personnel of the clinic shall be:
 - a. One specialist in venereal diseases who shall be appointed by the hospital if the clinic is in connection with a hospital, and by the local board of health in other cases. This officer must also be satisfactory to the Provincial Board.
 - b. Such medical assistants as may be necessary shall be appointed on the same basis.
 - c. One full-time social worker who shall be a graduate nurse.
 - d. One clerk, if the clinic is treating more than forty cases per week.
 - e. One male orderly.
 - f. If possible, one undergraduate nurse to assist in the clinic.
4. All treatment in the clinic shall be free.
5. At least one night and two day clinics shall be held per week. (This may be modified on agreement.)
6. Separate hours shall be set aside for men and women in the clinic; also, if possible, separate hours for the treatment of gonorrhea and syphilis.
7. Weekly reports will be required on forms supplied by the Board.
8. The clinic, including its records, apparatus, method of treatment, etc., shall be open to inspection by the Board.
9. The municipality will be expected to advance an amount for the upkeep of the clinic or clinics which shall be approximately equal to the amount advanced by the Board. (See Section 14, Sub-secs. 1 and 2, Venereal Diseases Prevention Act.)
10. The social-service nurse shall follow up cases outside the clinic to see that all patients continue treatment and also that any possible contacts are examined.
11. Accounts should be rendered at the end of the month and will be paid on the Board's certificate.
12. The Board reserves the right to modify these rules if such should, in the interest of the clinic, be deemed necessary.

Local boards of health and hospitals desiring to take advantage of this offer are requested to make application to the Provincial Board of Health, Parliament Buildings, Toronto.

THE PREVALENCE OF VENEREAL DISEASE IN THE DOMINICAN REPUBLIC.

By J. W. Vann, and B. Groesbeck, Lieutenants, Medical Corps,
United States Navy. *United States Naval Bulletin*, October, 1920.

It is difficult to approximate the incidence of the venereal diseases in Santo Domingo because of the lack of statistics. The authors selected a group of men whom they supposed to be representative of the greater part of the people, and serum tests and histories were taken of each man.

This group consisted of the entire company of the Guardia Nacional Dominicana, the native soldiery, and all the inmates of a prison in one of the towns.

The technique of the serum diagnosis of syphilis as performed in the laboratory of the Field Hospital, Santiago, was a combination of the Noguchi and Emery techniques, readings of which can be made every ten or fifteen minutes. It was found that among the 74 men of the Guardia Nacional who were examined, the average age was 23 years. Six of these men were married and 20 were living with women. Of these 74 men, 37 gave positive serum reactions, divided as follows: four-plus, 19; three-plus, 5; two-plus, 13. None of the four-plus cases had had any treatment other than local, but 2 of the three-plus cases and 10 of the two-plus cases had had mercury in some form.

The men in the prison did not show so high a percentage of positive reactions. Of the 157 men examined, 62 were positive, divided as follows: four-plus, 33; three-plus, 6; two-plus, 20; one-plus, 3. In the case of these men, too, very few had had any treatment. The lack of education and intelligence rendered the histories vague and uncertain.

The physical condition of these syphilitic men was surprisingly good. Ninety per cent of them showed no signs of the disease except glandular enlargement, and in 12 per cent only the inguinal glands were involved. Very few cases of nerve syphilis are seen in Santo Domingo.

The customs and lack of education of the people are responsible for the high venereal rate. The people are unmoral rather than immoral. Prior to the American occupation, zones of prostitution were tolerated, and perfunctory examinations were applied to the prostitutes by the municipal physicians. Registration of venereal diseases did not begin until 1920, and prior to this year there were no free dispensaries for the treatment of the poor.

The incidence of syphilis among the male Dominicans, as indicated by serum tests on a series of 231 cases, is about 44 per cent; of gonorrhea, as indicated by statements of the adult male Dominicans, is 38 per cent. These figures are believed to be low, and the percentages given are only approximations. Syphilis among these people is characterized by the mildness of the symptoms, due to hereditary immunity. It is necessary to educate the people and treat the poor before a decrease can be effected.

THE PRESENT CONDITION OF WOMEN AND THE PROGRESS REALIZED SINCE 1913. Report of the French Society for Woman Suffrage to the Eighth International Suffrage Congress. By Suzanne Grinberg. *International Woman Suffrage News*, Vol. 14, No. 10, August, 1920.

The report was given at the Eighth International Congress in Geneva, at which the progress of the feminist movement in France was discussed. Such subjects as the relation of women to public offices, teaching and liberal callings, industries and trade unions, marriage and divorce, illegitimacy, and prostitution were dealt with.

In regard to marriage the following limitations upon the legal rights of French women still exist. A woman may not, without the authorization of her husband:

1. Have a separate legal domicile (except in the case of application for divorce, in which case she is authorized to that effect by the president of the court).
2. Bring a suit nor defend herself.
3. Validly sign a contract.
4. Become an heir nor accept a legacy.
5. Dispose to the profit of any one during her life of a part of her fortune (donation between living parties).
6. Be a guardian, member of a family council, nor a testamentary executrix.
7. Mortgage her goods and chattels.
8. Part with any real estate, even if her property has been kept distinct from that of her husband.
9. Choose a profession.

Divorce may be obtained by either one of the parties for the following reasons: adultery, debauch, ill-treatment or outrage, or condemnation to a grave penal punishment.

Illegitimate children have certain legal rights. If the father declares parenthood, he is liable to support the child according to his means. In the case of inheritance, the illegitimate child has a right to one half the share of the legitimate child. In case neither of the parents claims the child, it is given a name by the administrative authorities.

In respect to morals the régime is a most arbitrary one. The regulation of prostitution exists, but it is only a police regulation, and not a law; besides, it regulates only women. As a matter of fact, prostitution is not a misdemeanor; women misbehaving in the street are prosecuted on the charge of vagrancy.

The law protects young girls of less than 13 years of age; above that age and until 17, the sentence pronounced against the man who has misled a young girl varies according to the circumstance of the mis-

demeanor. The sentence is harder for masters, servants, government officials, clergymen.

Prostitutes may live freely or in closed houses. In both cases they are registered at the prefecture of police. In case they have been brought to closed houses as a result of white-slave traffic, it is extremely difficult for them to liberate themselves. They have to be regularly examined, though there is no obligatory declaration of venereal diseases.

Institutes for the treatment of venereal diseases have been erected, with the hope that both men and women would spontaneously resort to them; but these centers, which are often called dermatologic institutes in order not to frighten people, are still far too few.

In conclusion, the report evinced strong hopes for the future. The new generation of French women is ardently feminist. By education, rational and practical, the author hopes that women will eventually be able to enter every calling undertaken by men.

POPULATION AND THE WORLD WAR. By Christian Döring. *Bulletin der Kopenhagener Studiengesellschaft für sociale Folgen des Krieges*, 1919-1920.

Part 6 of this comprehensive work deals with the population problem as it concerns all Europe. The author arrives at 35,000,000 as the total number of individuals lost in Europe because of the World War, from 1914 to the middle of 1919. Of this, 20,000,000 were reckoned as loss of births and 15,000,000 as deaths. Of the latter number, 10,000,000 deaths were caused directly in war.

The most interesting facts to readers of SOCIAL HYGIENE are the changes in the distribution of the sexes. In the various belligerent nations there occurred the following numbers of females per 1000 males, before and after the war.

	1913	1919		1913	1919
Germany	1,024	1,090	Belgium	1,017	1,047
Austria Hungary	1,027	1,092	Bulgaria	966	996
Great Britain and Ireland	1,069	1,094	Roumania	973	1,016
France	1,036	1,120	Serbia	937	1,339
Italy	1,037	1,070	European Russia and Poland	1,020	1,060
			Average	1,026	1,080

There were the following numbers of 18-45 year old women per 1000 men of 18-45.

	1913	1919		1913	1919
Germany.....	1,005	1,180	France.....	1,017	1,230
Great Britain and Ire- land.....	1,078	1,175	Italy.....	1,109	1,228
Austria Hungary.....	1,048	1,230	Average.....	1,048	1,205

NOTE AND COMMENT

THE LAMBETH CONFERENCE REPORT. Eight American bishops were members of the Lambeth Conference committee appointed to consider problems of marriage and sexual morality, the report of which is herewith given in abstract form.

It is to be hoped that the recommendations of the members of the Lambeth Conference Committee may be regarded not as the outcome of cold ecclesiasticalism but as the warm-hearted effort of experience to guide and sustain those who work for souls, those who long to see nations fit for their great world responsibilities, and those who know they cannot fulfill God's purpose unless they be straight and clean before God and man.

All will agree that there can be no subjects of graver importance than those connected with the sacredness of the family. Where the standards of family life are low, marital faithlessness treated lightly, parental duties neglected, filial respect slighted, society must be in a state of stagnation.

There is sad evidence of the present widespread lowering of moral conditions. For this the church must take its full share of the blame in having failed to deal openly with questions of marriage and purity. Parental teaching of children should be supplemented by instruction from guardians of their own sex and from clergymen. Care should be taken to train the character of the child as well as to give information in regard to these subjects.

The clergy are urged, as a part of their regular instruction in the Christian religion, to give their people plain teaching and explanation about marriage. They should insist on such fundamental principles as these:

1. The *law* of marriage. Marriage according to God's design is the union of two persons for the whole and every part of their life, which justifies and hallows their physical union.

2. While the *essence* of marriage consists in the consent before others of the man and woman to live permanently as man and wife, the Christian church solemnizes the contract.

3. The *conditions* of marriage laid down by civil authority must be complied with before the church can solemnize a marriage. The church may impose further conditions for its sanction and benediction.

4. The *purposes* of marriage—for the hallowing and control of natural sexual instincts; for the procreation of children; and for the mutual companionship of man and wife in good and evil estate.

With regard to the permanence of marriage, the committee would earnestly urge that the only true standard of marriage is a lifelong union, for better or worse. Recognition of a single exception to the rule of indissoluble marriage, "for the cause of adultery," rests on the fact that sexual infidelity stands in a different position from any other suggested ground for divorce, since it is the perversion of the singular relation which has no proper place outside of marriage.

It is recognized that physical union of man and wife has a sacramental value by which their mutual love is strengthened. At the same time it is to be urged that deliberate and thoughtful self-control be exercised, and under no circumstances should unnatural means by which conception is frustrated be used.

Concerning the wide spread of venereal disease, while moved by the most earnest desire to stop the disease, to cure those who have sinned, and particularly to protect the innocent from suffering, the committee must condemn the distribution and use of the prophylactic packet, since this cannot but be regarded as an invitation to vice. Treatment of those who have already fallen is an entirely different matter, and should be encouraged and supported. The committee heartily approves the relentless warfare on brothels and on those responsible for them, and likewise protests against any attempt to legalize or regulate vice. It has been proved that vice cannot be made safe through regulation. The law relating to street solicitation should be firmly enforced and the age of consent should be raised to eighteen years.

Any repression of wrong will be of little effect without heightened public opinion penetrated by religious motives. Men should regard all women as they do their mothers, sisters, and daughters; and women should dress and act only in such a way as to command respect from every man. All right-minded persons should unite in the suppression of pernicious literature, plays, and films. The church will not tolerate any distinction of color or race. One law of purity and respect for all must be maintained. At the same time the committee recognizes the severe temptations to which young men employed in the eastern and tropical countries are exposed, and would urge among other ameliorative measures, the reconsideration of unduly severe restrictions sometimes imposed on their marriage.

In regard to preventive and rescue work, there has existed ignorance and apathy. The clergy themselves have been strangely ignorant and lacking in sympathy with efforts being made. There is need for a large number of educated, discerning, sympathetic women. Young and old should not be gathered in the same institutions of charity. Maternity cases should be cared for. Education should be advanced in which the single standard of morality should be insisted upon. Healthy and wholesome recreation should be directed. There should be a union of civic, medical, and church men in raising the standard of the community.

It is only by the creation of a healthy public opinion that we can hope to get rid of many temptations which beset the path of our young people, and it is the duty of the church to lead and foster such healthy public opinion throughout the world.

(Signed) A. F. LONDON, *Chairman*.

Concerning the Lambeth Conference Report, the *Churchman*, the official organ of the Protestant Episcopal Church of America, says editorially:

We agree with the dean of St. Paul's, London, that the report of the Lambeth Conference on marriage and sex questions is disappointing. It appears to us to show either an unwillingness or an inability to deal with some very grave and persistent problems connected with the law of marriages and sexual instinct—solutions of which cannot be furthered by ignoring them or by solemn pronouncement based on scriptural texts. In these days of the growth of medical knowledge as regards heredity, perversion, and venereal diseases, church authorities might without damage to Christianity reopen the question

of recognizing only a single exception to the rule of indissoluble marriage. It is true that sexual unfaithfulness stands in a different position from any other suggested ground of divorce, but it is to be seriously questioned whether there may be no other sins, debasing body and mind, which can as effectually annul the marriage tie as does sexual infidelity. It is debatable, we think, whether our Lord's specific command regarding adultery forbids forever a reopening of this question. . . .

The church has definite, clear-cut convictions and doctrine concerning chastity. . . . Unless the church has something very frank and authoritative to say upon the virtue of chastity, we shall raise up a generation with full knowledge of how to sin skillfully and without remorse. The medical profession and the state cannot deal with the fundamental issue of sexual immorality. It is primarily the business of clergymen to teach Christian morals and they must have no qualms about stating the facts boldly. . . .

Whose fault is it that most of the clergy in other communions than the Roman Church know little or nothing about moral theology? Has it been deemed a virtue in most of our theological schools to abstain from any systematic effort to give to students preparing for the ministry a knowledge of how to deal with moral problems that have to do with the married state and with the whole question of chastity? That our young men enter the ministry and accept responsibilities of the pastoral office without any definite knowledge of these matters is a well-known fact.

THE SOCIAL VALUE OF THE STUDY OF SEX PSYCHOLOGY. The British Society for the Study of Sex Psychology was established in 1914 for the consideration of problems and questions connected with sexual psychology from the medical, juridical, and sociological aspects. There are organized study groups, lecturers, and publications on sex psychology, all promoted by the society.

The list of the society's pamphlet publications follows:

Policy and Principles. General Aims.

The Social Problem of Sex Inversion.

Sexual Variety and Variability Among Women. By F. W. Stella Browne.

The Relation of Fellow-Feeling to Sex. By L. Housman.

The Erotic Rights of Women, and the Objects of Marriage. By Havelock Ellis.

The Marquis de Sade: A Study in Algolagnia. By Montague Summers, M.A., F.R.S.L.

The Social Value of the Study of Sex Psychology. By The Rev. Hugh Northcote, M.A.

An abstract of the most recent publication is herewith given.

Whatever social opposition to the study of sex psychology is still manifested arises from the difficulty of the community in reconciling such study with its philosophy of life. People are afraid lest the new study should do positive harm—disarrange the accepted

scale of ethical values; and perhaps even break up the social system. And anyway, they urge, what is the use of sex psychology? How does it minister to life as a whole?

The first step toward formulating an answer to such questions is to consider around what interests the community's philosophy of life centers. All fundamental human interests are contained in *fears, needs, rights, hopes*.

Almost every book on sex contains in its pages a great deal about *fear*—fears about health and functions, altruistic and egoistic fears. Here, then, is a field in which the study of sex psychology, as a scientific discipline, may prove useful. There is only one way to eliminate fear from sex and that is to study the subject. Generally speaking, there is less morbidity about sex matters than there used to be, the main reason being that physiology and psychology are better understood.

Then there are human *needs*, another class of most intimate interests. In this case again sex psychology cannot be pursued very far without bringing the student up against needs, the needs of sex life. In this, intelligent sympathy can be of great value. It is a principle whose social application gradually affects legislation. In regard to sex, such regulations have been and tend to be negative.

The real social safeguard against misconception of *rights* in connection with sex, is the keeping in view of leading ethical ideas; only thus can we obviate harmful developments of legislation or custom in the social sex life.

And now to speak of the *hopes* of sex. If it comes to distinguishing a point toward which human hopes are orientated, the one that presents itself ultimately is beauty. Then we proceed to ask how the study of sex psychology does affect this part of the field of human desires. Does it reveal that sex has any connection with humanity's hopes, its yearnings for things of beauty that are joys forever? As an illustration of beauty let us take the care of the garden. Poetry, romance, the passion of life are reflected in the garden. We claim a right to survey any part of it. Why then, can we not survey the soul's garden? Why cannot we dig up the question of sex?

"Oh," some say, "it is just sex that is the difficulty. If you can contemplate the garden of the soul apart from sex, well and good; but the study of sex psychology involves the continual poking about in the filth of the garden. Are not sex psychologists morbidly interested in the dirty things of life and isn't that unhealthy?"

The study of sex psychology in its true extent does not involve being disproportionately interested in the filth; there are only some psychologists whose rôle it is to examine the unpleasant side. After all a filthy side can be discovered in almost any activity. The present attitude toward sex is nothing more than a result of ages of slowly changing ethics. In one age sex has been extolled, revered, and in another, demonized. But for us those extremes no longer exist. Even the tendency to depreciate sex has diminished. Consequently, civilized humanity is reaching a position where, without offence, it can essay the task of understanding and rationally controlling the sex process. And now it is apparent that the study of sex psychology is in no way adverse to human hopes.

NEW RESEARCHES ON THE TREPONEMA PALLIDUM. Drs. Randle C. Rosenberger and John I. Fanz conducted a series of experiments, under a grant from the United States Interdepartmental Social Hygiene Board for the recognition and diagnosis of *Treponema pallidum* and on the effects of various drugs and materials as germicidal agents against

this organism. The work was done in the John H. McFadden Research Laboratory, Jefferson Medical College, Philadelphia.

Part I of their report gives a thorough explanation of the dark-field illuminator method. The illuminant for dark-field work must be powerful, the light being rich in ultraviolet frequencies, which are undesirable because they tire the eyes and blur the vision. The practical use in ordinary life of ray filters to absorb the ultraviolet frequencies is manifold and efficient. We have succeeded in modifying to advantage light for dark-field illumination. Various dyes in aqueous solution were used in a flat culture flask. Acriflavine (1:5000) mellowed the intense light so that the moving *Treponema pallidum* could be studied for long periods of time without discomfort. But in the course of a few weeks there was a slight deterioration and sedimentation of the chemical, necessitating filtration. A No. 8 K2 filter and a No. 1 Beta naphthodisuephonic acid filter were also tried. The No. 8 K2 was more satisfactory, resembling acriflavine in color and optical definition. In using the color screens it is best to leave a slight air space between them and the dark-field illuminator, in order to avoid excessive heating. The microscope is placed so that its mirror will be as close as possible to the color screen, reflecting the light from the same through the dark-field reflector, then through the preparation and barrel of the microscope.

Part II. The use of aniline black is highly recommended. The following technique was satisfactory in identifying the *Treponema* successfully: Solution I, aniline oil water. Aniline oil water is made by adding one and one half cc. of pure oil to 100 cc. of water, shaking thoroughly and filtering. Solution II, oxidizing reagent. The oxidizing reagent is made by adding five cc. of concentrated sulphuric acid and fifteen grams of C.P. potassium bichromate to 375 cc. of distilled water.

The lesion is washed with alcohol, dried, rubbed with gauze or gently scraped with scalpel to allow extravasation of lymph from deeper structures. The slides must be scrupulously clean and the juice from the lesion should be spread in a very thin layer. Thinness of preparation is the keynote of success. Fixation is accomplished by gently heating slides about eight inches above Bunsen burner. Four to six slides insure diagnosis. After fixation and drying, each slide is covered with ten drops of Solution I, while still slightly warm. Solution I is allowed to "soak in" for ten minutes; then an equal amount of Solution 2 is added. During the action of Solution 2 the color changes from orange to green, dark green, and then to a metallic blue-black, and a scum is formed on the surface of the stain. Wash by flushing the slides vigorously under a faucet of running water, dry, apply immersion oil, and study slides under the 1/12 inch objective. The organism is a black opaque structure easily displaying its specific morphology against the blue background. Allied organisms can readily be differentiated. We believe that there are sufficient traces of iron in the reagents of Solution II to render the addition of metallic chlorides not only inessential, but harmful, by increasing the precipitate and impairing cleanliness of the slides.

Part III. There are many ways of demonstrating *Treponemata* in the primarn lesion. Oppenheim and Sachs applied alcoholic solution of carbol gentian violet to thiy films on a cover glass, gently steaming and finally washing the preparation. Bordet and Gengou used Kuhne's carbol methylene blue and followed with Nicolles' carbol gentian violet. Hoffman and Halle advise the fixation of wet preparation in the vapor of a mixture of a one-per-cent solution of osmic acid (5 cc.) and 10 drops of glacjal acetic acid for two minutes. Films are dried by gently heating and are covered for one minute with

a weak solution of potassium permanganate, washed with distilled water, blotted with filter paper, and stained by Giemsa's technique. The organism is stained a bluish red and the flagella are said to be visible. The important stain methods mentioned above are highly complicated and require a considerable amount of time for their application. Intravital staining of the *Treponema* is accomplished by first making films of the dye by coating the slides with a strong alcoholic solution of the same, drying and then depositing a drop of the fluid for examination on the slide and covering it with a thin cover glass, upon which a drop of oil is placed. Study the material under the twelfth-inch immersion objective, allowing the organism to take the stain for fifteen minutes. The dye in the dried film goes into solution in the fluid containing the living organism. First the organism is unstained and very active, but finally the organism dies, completely stained. This procedure unquestionably is an intravital absorption of the dye.

Of all the dyes used—gentian violet, carbol fuchsin, methylene blue, methyl green, Bismarck's brown, azure 1 and 2, Leishman's stain, eosin, aniline red, crystal violet, brilliant green, alkali blue, and dahlia—the last was the best. When this stain was used, the organism imbibed the stain, being apparent in five minutes. After fifteen minutes complete identity of the organism is established.

Part IV deals with the culture of the *Treponema pallidum* in defibrinated rabbit blood media in partial vacuo. The main principle in the culture of the organism is to add tissue which has the property of absorbing oxygen gradually and in small quantities. The writers feel that the reducing property of the tissue was due in part to the red-blood cells therein contained. The formula is as follows. Blood hydrocele agar: $\frac{1}{2}$ per cent agar jelly, 2 parts; hydrocele fluid, 1 part. To 10 cc. of the above add 1 cc. sterile defibrinated rabbit blood. Blood hydrocele agar is placed in sterile tubes 20 to 25 cm. long by $1\frac{1}{2}$ cm. in diameter. The organism is introduced with a long inoculating needle and syringe, then the cotton plug is replaced and the tube is connected in the exhaustion system. The tube is then exhausted with the air pump, the degree of exhaustion being recorded upon a mercurial manometer. At each stroke of the vacuum pump, the mercurial level falls. This should be continued until a complete vacuum is secured. During this process of exhaustion, small bubbles of oxygen pass through and escape from the culture medium, which gradually changes from scarlet to dark red. After the tubes have been sealed in vacuo (partial) the red cells of the medium will produce favorable conditions of growth to the *Treponema* by seizing upon any residual oxygen in the fluid, thus producing the condition of actual diminished oxygen tension in the surrounding medium. The writers believe that the most favorable condition is brought about by changes in the rather unstable tensional environment. They think that the defibrinated blood culture might be advantageously used in growing the *Treponema* for the manufacture of luetin.

Part V gives an explanation of an improved anaerobic apparatus suitable for the culture of the *Treponema pallidum*, which the writers originated.

Part VI, which was meant to be far more extensive, could not be completed because of the interruption of the war. It gives the results of a series of studies of the germicidal action of the aniline dyes, radium, and the X-ray on *Treponema* cultures. The result of the X-ray was as follows. Fourteen-day cultures were exposed to the X-ray. A full erythema dose was given. The Coolidge tube was adjusted to 14 inches from the organisms, the latter receiving the ray through a 1 mm. aluminum screen and the 2 mm. of glass of the culture tubes. The exposure was 5 milliamperes for 12 minutes. The organisms were unaffected. Radium was then applied by fastening two containers to each culture tube, each silver container holding 50 milligrams of radium. It was exposed for

an hour without any detriment to the organisms. It was thought that even though the radium failed to kill the organism, its reproductive powers might be checked. From the experiments it can be regretfully concluded that X-ray and radium in dosage harmless to man possess no power to destroy this peculiar parasite.

VICE CONDITIONS IN SHANGHAI. By a resolution passed at the ratepayers' meeting, the Shanghai Municipal Council was authorized to appoint a special committee to investigate the vice conditions in Shanghai. The following report was submitted by the committee:

It is true that as early as 1898 a by-law was adopted which added the "brothel" to the list of those places that should be licensed. Nevertheless the fact remains that brothels never have been licensed in spite of the energetic work of various agencies at different times. Some work, slight as it is, has been carried on, however. In 1877 a lock hospital was opened by the Council for the benefit of sailors frequenting the port. The women, known as Cantonese women, were medically examined once a week. A small fee was charged for registration and fines were collected for non-attendance. This is still being continued at the Isolation Hospital where some 195 women are enrolled. Each woman is supplied with a card with her photograph for identification purposes. There is no doubt that these cards are frequently used by these women as advertisements in their trade.

At the present time there are 15 houses, with 53 foreign women, and 618 houses with 4522 Chinese women, in the International Settlement. This is by no means a fair estimate, because no account has been taken of the clandestine prostitute. The brothels are very decidedly localized. About 97 per cent of the prostitutes are in the Central, Louza, and Hongkew police districts. There is no reason to think that the law, if strictly enforced, is not strong enough to control the evil of soliciting. The penalty inflicted upon prostitutes is so slight that neither the prostitutes nor the keepers of the brothels are deterred from their sordid activities. Although there is no actual proof, there is reason to believe that brothel property is rented higher than similar properties let for ordinary purposes. And as nearly all the land in the Settlement is registered in foreign names, it follows that foreigners here are, actively or passively, assisting in a trade which is regarded in some countries as criminal. From evidence obtained through certain legal suits, it can be seen that some of these foreign owners are fully aware of the nature of the business carried on in their houses.

The policy for the Council to adopt is one of elimination of the brothel from the Settlement. It is realized that immediate complete elimination is impossible. Therefore the Council suggests the enforcement of regulations already provided. In regard to the Cantonese women, it is very undesirable that the cards which they receive from the medical officers should be available to these women to attract customers with a false sense of security. It is recommended that this examination be discontinued. Recognizing the relationship which exists between liquor traffic and the brothel, the Council believes that certain regulations in regard to liquor should be made.

There exists in China a great deal of indecent advertising, especially quack remedies for venereal diseases. The great difficulty here is not the weakness of law but the fact that to the Chinese mind these advertisements are not indecent. This condition only

makes the spread of venereal diseases more frequent because faith is placed upon these spurious remedies, and restraint upon sexual indulgence is lessened.

Of course with the elimination of the brothel, the question of the prostitutes arises. Assistance should be given to all institutions which provide a refuge for these women. Also the development of trade schools should be encouraged. Besides these things, a sympathetic attitude toward these women is necessary.

Along with all the dangers of the spread of venereal diseases that have been mentioned, there is the danger that comes from the immorality which we have reason to think exists in certain Chinese hotels in the Settlement. Means should be taken to make it difficult for the offenders in cases like this to obtain hotel licenses.

It is to be regretted that owing to lack of information it is impossible to make any statement in regard to venereal diseases in the Settlement. It should be the duty of the Health Department to endeavor to obtain statistical facts as to the prevalence of the diseases and also to coöperate with the proper authorities in establishing clinics throughout the Settlement. Along with its other duties, the Health Department should undertake the spread of propaganda relating to the evils of sexual indulgence and the dangers arising therefrom.

The committee has made no heroic recommendations. They realize the difficulties confronting them, especially in a municipality like Shanghai. They are fully aware that acts of parliament cannot create morality. Real reform must come as a result of education, and it is upon this factor that the emphasis must be laid.

Summary of Recommendations

1. That brothels be eliminated, if possible.
2. If not abolished, that brothels be licensed.
3. That special notification be given to all registered owners of brothel property in order to endeavor to get their coöperation.
4. That no brothel license be granted in any event for premises near schools.
5. That as this course necessitates more extended work for prostitutes, this should be done by means of increased grants to the Door of Hope and kindred institutions.
6. That the law against street soliciting be strictly enforced, including proceedings against the brothel keeper.
7. That the law prohibiting indecent advertisements by way of posters or in newspapers be strictly enforced.
8. That the law against the sale of intoxicating liquors in unlicensed premises be strictly enforced.
9. That convictions for offenses relating to prostitution recorded against holders of any licenses render the holder incapable of holding any license again.
10. That no "brothel wine license" be issued in the future.
11. That parks and other open spaces be well lighted and policed in the summer months.
12. That the examination of prostitutes by the Health Department cease.
13. That further provision for the treatment of venereal diseases be undertaken by the Health Department.
14. That propaganda be undertaken by the Health Department relating to the evils of promiscuous intercourse and the dangers arising therefrom.
15. That the Health Department keep such returns as it can relating to venereal diseases, and that hospitals receiving public moneys be compelled to treat venereal

diseases and keep returns in such form as the Health Department may require; failure to do this to form ground for refusing any further grant.

16. That a conference of all educational authorities in Shanghai and vicinity be called to investigate thoroughly the advisability and methods of teaching social hygiene in schools.

NEW PUBLICATIONS. Several new publications in the fields of social hygiene, eugenics, and medicine have been received as exchanges in the editorial offices of SOCIAL HYGIENE.

It is with great interest that we note the entrance of *Den Nordiske Race* into the field of eugenics journals. Its editors are Dr. Jon Alfred Mjöen and Professor Karl Larson. Dr. Mjöen drew up a program for "Applied Race Hygiene" in 1908. *Den Nordiske Race* journal is in sympathy with the general contents of the program. Among the contributors to the journal outside of Scandinavia are Major Leonard Darwin, Dr. August Forel, Dr. Charles B. Davenport, and Prof. Vernon Kellogg. It is planned by the editors of the journal to keep in touch with the eugenic activities of the progressive countries.

The program of Applied Race Hygiene, as laid down by Dr. Mjöen, provides for three phases of eugenics: negative, positive, and prophylactic. Eugenics should be promoted negatively by providing care for the physically and mentally defective. The author is not in favor of compulsory sterilization in general, but he believes that measures for the segregation of sexual perverts and other defectives should be considered by the state. In promoting eugenics positively, Dr. Mjöen advocates the teaching of race biology in schools and universities; the remission of taxation for families in proportion to the number of children; and maternity insurance and other protective measures for prenatal care. Prophylactic eugenics deals with combating racial poisons, industrial and social (including venereal-disease infections and alcohol). A declaration of health should be made before marriage.

Another new European publication is the *Acta Dermato-Venereologica*, an international journal published in Stockholm, Sweden. The editors are Professors Johan Almkist, of Stockholm, S. Mendes da Costa, of Amsterdam, and E. Bruusgaard, of Christiania, with whom coöperate many dermatologists of northwestern Europe. The journal will be devoted to the following subjects: dermatology, syphilology, venereology, and sexual science.

The *American Journal of Obstetrics and Gynecology* is a new monthly periodical devoted to obstetrics and gynecology. Dr. George W.

Kosmak and Dr. Hugo Ehrenfest are the editors and many leading specialists in these fields lend their names to the editorial board. It is published in St. Louis, Missouri.

The *American Journal of Hygiene* will be concerned with publishing the results of original investigations in the field of physical, mental, mathematical, chemical, medical, and biological hygiene. The publication is closely affiliated with the new School of Hygiene and Public Health, of Johns Hopkins University. It is edited by Dr. William H. Welch and managed by Dr. Charles E. Simon.

The Department of Public Health, Springfield, Illinois, is issuing a monthly publication which aims to give news in the field of social hygiene. It is called the *Social Hygiene Monthly* and is edited by Dr. G. G. Taylor, director of the Bureau of Venereal Diseases of the Department. Besides other interesting and valuable material for social-hygiene workers, it contains questions and answers on moot points regarding social hygiene.

Annals of Medicine, with Abstracts of the World's Literature, is published quarterly under the direction of the councilors of the American Congress on Internal Medicine and the American College of Physicians.

A CORRECTION. In the April (1920) issue of SOCIAL HYGIENE, under the "Note and Comment" section ("The Case against the Prophylactic Packet," Vol. vi, No. 2, p. 308), it was stated that the prophylactic packet was considered of too little value in the American army and navy to be officially recognized as a factor in the general program for combating the venereal diseases. Although agreeing in general with the treatment of the subject given in the sketch in question, the *United States Naval Medical Bulletin* (October, 1920) commented as follows regarding the history of the prophylactic packet in the venereal-disease control program of the navy:

So far as the American navy is concerned, we beg to submit that this presentation of the case is not in accord with the facts. Up to and even after December, 1913, the sentiment of the medical officers of the navy was favorable to the prophylactic packet. On February 27, 1915, the Honorable Secretary of the Navy promulgated a letter to all commanding officers of the navy in which he discussed the subject of venereal diseases and clearly and fully set forth his views in regard to ordinary preventive measures (par. 7), and in regard to the prophylactic packet (pars. 8, 9, and 10), the use of the latter being unreservedly condemned without reference to its possible value, but on moral grounds and on moral grounds only. If a measure is unjustifiable on moral grounds it may safely be thrown aside, and there is no occasion to discuss what its intrinsic merits might be if it did not violate a principle. The letter in question, of course, settled the matter for the navy.

SOCIAL HYGIENE regrets that it should have fallen into error with regard to a question of fact and thanks the *Naval Medical Bulletin* for calling the matter to its attention.

THE NAVY QUESTIONNAIRE. Bulletin No. 99 of the Navy Department, Bureau of Medicine and Surgery, reports the consolidated results of 3140 venereal-disease questionnaires for the navy. The questionnaires are distributed by the medical officers on the ships and at the shore stations to the men taking prophylaxis and those with a venereal disease, and are sent to the Surgeon General's office for compilation.

The following quotation from Bulletin No. 96 shows the method of procedure in filling out the questionnaire.

The medical officer is merely expected to hand the blank form to the man, stating that the bureau desires to collect, in such a way that it will be reliable, certain information that cannot be collected by ordinary reports. He should secure the man's promise that such answers as are given will be given truthfully, the man being cautioned not to give positive answers as to time or numbers if his memory is not clear.

The statement, "I have reason to believe the answers given above are trustworthy," is intended to indicate that the medical officer's impression of the man's mental attitude leads to the belief that truthful answers will be given.

The man may be allowed to fill in the answers in his own handwriting, if necessary, with the assistance of a hospital corps man who is familiar with the purpose and character of the desired information.

On page 6, Bulletin No. 99, appears a "statistical analysis of 3140 venereal-disease questionnaires collected from various ships and stations," as follows:

Item	Number	Per cent
1. Average number of months in service for those who contracted disease (2481 answers).....	22.2	.....
Average number of months in service for those who admitted exposure but did not contract disease(486 answers)	24.5	.....
2. Total cases of venereal disease reported.....	2469.0	100.0
Syphilis.....	113.0	4.5
Chancroid.....	442.0	17.9
Gonorrhea.....	1914.0	77.6
3. Origin of infection:		
Local in the United States.....	1257	49.4
Distant in the United States.....	514	20.2
Foreign (local and distant).....	769	30.2

Item	Number	Per cent
4. Disease contracted in house of prostitution.....	1004	39.1
Disease contracted from prostitute.....	1638	63.8
5. Average number of days elapsing from exposure to detec- tion of disease:		
Syphilis.....	26.2	.....
Chancroid.....	10.2	.....
Gonorrhea.....	8.7	.....
6. Number of cases in which drink was a factor at the time of exposure.....	581.0	22.9
Number of cases in which drink was not a factor.....	1953.0	77.1
7. Solicited by the woman.....	1003	33.6
Not solicited by the woman.....	1980	66.4
8. Prophylaxis within 6 hours after exposure.....	1020	38.0
Prophylaxis later than 6 hours after exposure.....	630	23.7
No prophylactic treatment taken.....	1029	38.3
9. Average number of hours elapsing between first exposure and prophylaxis for all who took prophylactic treat- ment.....	7.6	.....
10. Stayed all night with the woman.....	685	27.6
Took prophylactic treatment after staying all night with the woman.....	181	26.4
Average number of hours elapsing between first exposure and prophylaxis for those who stayed all night with woman.....	8.8	.....
11. Number who paid (2980 answers).....	1776	59.5
12. Average price for those who did pay.....	\$3.70	.....
13. Average number of exposures for past 12 months (2972 answers).....	16.3	.....
14. Number of those who admitted having been instructed in regard to venereal diseases (2844 answers).....	2723	95.7

Certain psychological factors relating to the thoroughness with which medical prophylaxis treatment is taken are mentioned in Bulletin No. 96.

Observations made in various ports suggest that crews of naval vessels are inclined to have more fear of venereal-disease infection in ports where the English language is not spoken. This may not have very much effect on the exposure rate, but tends to make the men more careful about taking prophylactic treatment, so that the percentage of men availing themselves of prophylaxis closely approximates the percentage of the crew exposing themselves. . . .

In home ports and in ports where English is spoken the psychological effect is such as to lead men to assume that there is less danger of infection. In home ports men are

inclined to believe that women with whom they cohabit regularly will not infect them, or even to believe that the woman is not having intercourse with other men. This may be true, but it should be pointed out in the course of instruction that infection often is acquired in this way because not infrequently the woman does become infected during the absence of the individual concerned. Obviously emphasis should be laid upon the importance of taking prophylactic treatment properly and promptly in all instances, regardless of trust.

The following table is illustrative of this particular point, especially when it is contrasted with the results of the above questionnaire, which show that 69.6 per cent of the cases of venereal disease contracted were of local origin and distant origin, while only 30.2 per cent were of foreign origin.

Fleet or stations	Average complement	Prophylactic treatments	Cases of disease following prophylaxis	Per cent men infected in spite of prophylaxis	Cases of disease without prophylaxis
Atlantic Fleet.....	19,116	21,140	908	3.8	228
Pacific Fleet.....	15,013	12,295	345	2.8	190
Shore stations.....	38,799	5,614	696	10.5	729
Totals	72,929	40,049	1949	4.8	1147

SOCIAL HYGIENE BIBLIOGRAPHY

From September 1 to November 30, 1920

Compiled by

JANET F. MELVAIN

Librarian, American Social Hygiene Association

- BINDER, RUDOLPH M. Health and social progress. New York: Prentice-Hall, 1920. 295 p.
- BRECKINRIDGE, SOPHONISBA. A summary of juvenile court legislation in the United States. Washington: Children's Bureau, 1920. 110 p.
- BROWN, ADELAIDE, and HATTIE LEGYNSKY. Infant mortality in San Francisco in 1919. *California State Journal of Medicine*. Aug., p. 296-301.
- BROWN, SANGER. Social and medical aspects of childhood delinquency. American Medical Association. *Journal*. Oct. 9, p. 987-990.
- BRUNET, WALTER M. Massachusetts state clinic for treatment of venereal diseases. *Modern Hospital*. Sept., p. 230.
- BUREAU, PAUL. L'indiscipline des mœurs. Paris: Blond and Gay, 1920. 608 p.
- CHACE, ARCHIBALD E. The venereal campaign among railway employees. *Journal of Industrial Hygiene*. Oct., p. 224-228.
- CLARKE, WALTER. New legislation for the control of venereal diseases. *International Journal of Public Health*. Sept., p. 226-240.
- COLCORD, JOANNA C. Attacking our marriage laws. *The Family*. Nov., p. 19.
- CORIAT, ISADOR H. Repressed emotions. New York: Brentano, 1920. 203 p.
- DARWIN, LEONARD. Some birth-rate problems. *Eugenics Review*. Oct., p. 147-157.
- DAVENPORT, CHARLES B. Heredity of constitutional mental disorders. Cold Spring Harbor, 1920. 300-310 p. (Eugenics Record Office Bulletin no. 20.)
- DUCLAUX, EMILE. Pasteur: the history of a mind. Philadelphia: Saunders, 1920. 363 p.
- DUNLAP, KNIGHT. Mysticism, Freudianism and scientific psychology. St. Louis: Mosby, 1920. 173 p.
- ELLIS, GRACE F. Methods and results in the teaching of sex hygiene. Michigan Department of Health. *Public Health*. Sept., p. 371-380.
- EVANS, ARTHUR. Alcohol and alcoholism in relation to venereal disease. *British Journal of Inebriety*. Oct., p. 23-38.
- EVANS, ELIDA. The problem of the nervous child. New York: Dodd, Mead & Co., 1920. 296 p.
- FOSDICK, RAYMOND B. American police systems. New York: Century, 1920. 408 p.
- FREUD, SIGMUND. A general introduction to psychoanalysis. New York: Boni and Liveright, 1920. 406 p.
- FREUD, SIGMUND. Selected papers on hysteria. New York: Nervous and Mental Disease Co., 1920. 225 p.
- GALLICHAH, WALTER M. Letters to a young man on love and health. New York: Stokes, 1920. 123 p.
- GOODMAN, HERMAN. Notes on venereal disease control. *Medical Record*. Oct. 2, p. 559-561.

- GOODMAN, HERMAN. Regulation vs. abolition of prostitution. *Medico-Legal Journal*. July-August, p. 52-59.
- GUILD, ELLIS B. Science and philosophy of eugenics. Kansas City: Burton, 1920. 247 p.
- HAINES, THOMAS H. and W. D. PARTLOW. Syphilis and feeble-mindedness in Alabama State Industrial Schools. *Ohio State Medical Journal*. July 1, p. 515-518.
- HERBERT, S. Fundamentals in sexual ethics. London: Black, 1920. 350 p.
- HOLLINGWORTH, HARRY LEVI. The psychology of functional neuroses. New York: Appleton, 1920. 259 p.
- HUMBERT, HAROLD FRANKLIN. The four-fold development of young manhood. Portland: Oregon Sunday School Assoc., 1920. 104 p.
- KENEALY, ARABELLA. Feminism and sex extinction. New York: Dutton, 1920. 313 p.
- KEY, WILHELMINE. Heredity and social fitness. Washington: Carnegie Institution, 1920. 102 p.
- KNIGHT, M. M., and others. Taboo and genetics. A study of the biological, sociological and psychological foundation of the family. New York: Moffat, 1920. 301 p.
- LAY, WILFRID. Man's unconscious passion. New York: Dodd, Mead & Co., 1920. 244 p.
- LEAGUE OF NATIONS AND THE WHITE SLAVE TRAFFIC. *Vigilance Record*. Oct., p. 65-67.
- LEHRFELD, LOUIS. Short talks on personal health. Philadelphia: Davis, 1920. 271 p.
- LUCAS, CLARENCE A. Tuberculosis and diseases caused by immoral or intemperate habits. Indianapolis: the author, 1920. 99 p.
- MARCHANT, JAMES, editor. The control of parenthood. New York: Putnam, 1920. 222 p.
- MARTIN, R. A. Some experiences and records of a municipal health department in an extra-cantonment zone, 1917-1919. *Virginia Medical Monthly*. Sept., p. 259-263.
- MOORE, JOSEPH EARLE. The value of prophylaxis against venereal diseases. American Medical Association. *Journal*. Oct. 2, p. 911-915.
- NATIONAL BIRTH-RATE COMMISSION. Problems of population and parenthood. New York: Dutton, 1920. 423 p.
- OLLIVERSON, MINNIE J. Opportunities for indirect sex education through English literature. Kansas State Board of Health. *Bulletin*. June, p. 92-98.
- O'SHEA, M. V. Faults of childhood and youth. Chicago: Drake, 1920. 286 p.
- O'SHEA, M. V. The trend of the teens. Chicago: Drake & Co., 1920. 281 p.
- PIERCE, CLAUDE C. and H. F. WHITE. Lessons taught by measures for control of venereal diseases. American Medical Association. *Journal*. Oct. 23, p. 1133-1136.
- POPENOE, PAUL. Soziale Hygiene in den Vereinigten Staaten. *Zeitschrift für Sexualwissenschaft*. April, p. 24-31, May, p. 60-63.
- PORRITT, ARTHUR. The strategy of life. New York: Revell, 1920. 156 p.
- POTTS, W. A. Criminality from the eugenic standpoint. *Eugenics Review*. July, p. 81-90.
- PROBLEMS OF MARRIAGE AND SEXUAL MORALITY. The Lambeth Conference committee report. *The Churchman*. Oct. 23, p. 14-16, 29.
- PROPHYLAXIS. From the physical, moral, and spiritual points of view. *Honour*. April-Sept. p. 61-66.
- ROBIE, W. F. Sex and life. Boston: Badger, 1920. 424 p.
- SANGER, MARGARET. Woman and the new race. New York: Brentano, 1920. 234 p.
- SCHARLIEB, MARY. The welfare of the expectant mother. New York: Funk & Wagnalls, n.d. 151 p.

- SCHEVITZ, JULES. Are we controlling venereal diseases? *Modern Medicine*. July, p. 507-509.
- SHEFFIELD, ADA ELIOT. The social case history. New York: Russell Sage Foundation, 1920. 227 p.
- SMALLWOOD, W. M., and others. Biology for high schools. Boston: Allyn, 1920. 550 p.
- SOCIAL HYGIENE NUMBER. North Carolina Health Department. *Bulletin*. July, 1920.
- STILES, PERCY GOLDTHWAIT. Human physiology. Philadelphia: W. B. Saunders, 1920. 421 p.
- STOPES, MARIE CARMICHAEL. Radiant motherhood; a book for those who are creating the future. London: Putnam, 1920. 246 p.
- TANSLEY, A. G. The new psychology and its relation to life. London: Allen and Unwin, 1920. 283 p.
- TAYLOR, G. G. Approved methods of venereal disease control. *Illinois Medical Journal*. Aug., p. 119-123.
- THOINOT, L. Medicolegal aspects of moral offenses. Philadelphia: Davis, 1920. 487 p.
- THOMSON, ALEC N. and F. O. NICHOLS. The eradication of venereal disease. National Medical Association. *Journal*. July-Sept., p. 52-53.
- TRENCH, VIOLET. Queens; a book for girls about themselves. New York: Stokes, 1920. 64 p.
- TRIDON, ANDRÉ. Psychoanalysis and behavior. New York: Knopf, 1920. 354 p.
- VAN WESEP, H. B. The control of ideals; a contribution to the study of ethics. New York: Knopf, 1920. 154 p.
- WATSON, JOHN B. and K. S. LASHLEY. A consensus of medical opinion upon questions relating to sex education and venereal disease campaigns. *Mental Hygiene*. Oct., p. 769-847.
- WEMBRIDGE, ELEANOR ROWLAND. Day dreams. *Association Monthly*. Oct., p. 501-503.
- WINSLOW, CHARLES-EDWARD AMORY. Healthy living. New York: Merrill, 1920. 2 vol.

Social Hygiene

Vol. VII

APRIL, 1921

No. 2

THE RESPONSIBILITIES OF RELIGIOUS LEADERS IN SEX EDUCATION

THOMAS WALTON GALLOWAY, PH.D.

Associate Director of Educational Activities, American Social Hygiene Association

THE APPEAL FROM SCIENTISTS

A recent conference of teachers, medical men, and other social workers, held in one of the campaigns against prostitution and the venereal diseases included the following in a general appeal to our most enlightened leaders:

“We urge theological seminaries preparing religious leaders, to recognize the tremendous bearing which sex has on every aspect of physical, moral, social, spiritual, and religious life and to take the necessary practical steps to enable the future clergy to use this great endowment of the human race intelligently and constructively.”

In urging this the conference was not asking for new and separate courses in seminaries; though these may in time prove to be necessary. It was not asking that the overburdened clergyman take on new tasks and responsibilities. These sex influences are already among his most serious and difficult problems. The purpose is rather that the minister, the priest, and the rabbi should receive in their preparation a better understanding of the problems which they are compelled to meet and a better hope for solving them.

An address delivered before the Department of Theological Seminaries, Religious Education Association, Pittsburgh convention, 1920.

The appeal indicates two things: first that the average religious leader is not now equipped to solve effectively the difficulties presented by sex; and second, that science alone cannot reach the seat of the trouble. The appeal is for a very fundamental thing: that all the idealism of religion be added to the scientific discoveries of the important facts underlying sex, and that both be used by the seminaries in fitting their students so that they shall not be unnecessarily handicapped in dealing with the sex situations in the individual soul and in society.

THE REDEMPTION OF THE IDEA OF SEX EDUCATION

For most thinkers it is necessary first of all to redeem and enlarge the conception of sex education. If understood, sex cannot be considered as a superficial or negligible adjunct of life: even less as a vulgar and discreditable endowment. It is rather one of the most imperious, as well as one of the most constructive of all the factors which mould life, thought, emotions, conduct, and our social relations and organization. If this is true, our attitude toward it should not be left to chance and to the crass misrepresentations of those who would profiteer in vice and near-vices. It is clear that sex must and will be as large an element in all education for life as it is in life itself, and yet not be made hurtfully conspicuous.

Furthermore, sex education, so long minimized even by constructive thinkers under the term "sex hygiene," does not consist of a few biological and physiological facts about the sex organs and their uses and abuses, or the reproductive processes and their proper conservation, or the pitfalls and perversions of sex, or about the diseases that arise in connection with these. This is "sex hygiene." Sex education includes, but is much more than this. No character education can be normal unless it consciously and effectively includes sex at its actual value. Such education recognizes and utilizes the following elements:

1. Our children appear as immature, sexed individuals in whom, by graded steps, are unfolding the sex structures and functions which normally organize and profoundly mould and drive, first

unconsciously but more and more consciously, their whole physical development, their satisfactions, their personal and social attitudes, and their behavior. Nothing is gained by ignoring the normal power of sex in the individual.

2. From the beginning this developing child is immersed in a complex social environment built upon sex, itself strenuously, artificially, consciously, and often perversely sexed,—a veritable sex-jungle to his inexperience. This sex environment inevitably interests, attracts, and moulds the child.

3. Human society has expected that this child shall come in some mysterious way, under these conditions and without any adequate and systematic enlightenment and guidance, to a sound and constructive sex attitude and life.

4. The movement for sex education recognizes that we cannot reasonably expect this without the most high-spirited and scientifically correct guidance. It proposes that the best brains and the best spirit of humanity shall bring to the aid of the child in a suitably graded way and at every point of his uncertainty and need,—whether the need arises from his internal development or from the puzzling external conditions,—the best facts, interpretations, and appreciations of sex and the sex relations which the experience of the race has discovered. The purpose is to give the child, through his whole normal development, the best knowledge and the best incentive to guide this wonderful endowment, to control it, and to use it in such ways that it shall both bring him to his highest possible personal growth and give him, as sex can do, the richest individual and social satisfactions known to human beings. Furthermore, this mature help must be supplied democratically, naturally, and in a manner which will give satisfaction to the child in this highest use of his sex impulses. We cannot safely impose it arbitrarily, autocratically, dogmatically, and formally in codes, conventions, and obediences which are unconvincing and unsatisfying to the child, and which leave morbid stresses, conflicts, rebellions, evasions and complexes in personality.

THE NATURE OF SEX AND ITS RÔLE IN LIFE

Perhaps at this point it is necessary that we justify some of the foundations of this interpretation of sex. What is the biological rôle of reproduction and sex in life that would make possible such seemingly extreme statements of their place in education?

The basal fact of individual life, of course, is nutrition, which leads to self-development and activity. It is purely self-concerning and could never in itself lead to anything beyond the individual and his self-aggrandizement and to conflicts between individuals. Reproduction on the other hand, in even the lowest organisms, is always a sacrificing division of the mature organism. It is a complete reversal of form, as compared with nutrition, and is the earliest, most primitive act of unselfishness found in nature. It is sacrifice of the individual for society, for the on-going species. Of course at this earliest level it can have no conscious or moral quality; but it is none the less the earliest biological starting-point from which have evolved sympathy, care, devotion, and social sense found in the human or any other race.

Sex on the contrary involves a union. It is the opposite to, and the complement of, reproduction. The union of two simple individual offspring (e.g., the egg-cell and the sperm-cell) makes a more effective individual. In all the higher organisms including man, reproduction and sex, although just as opposite as they are in the lower animals, have become so closely associated that we really and naturally think of them as parts of the same process. We cannot separate fatherhood and motherhood (facts of reproduction) from mating (a fact of sex). Indeed in that remarkably valuable human institution, the home, we cannot tell just how much of its worth has arisen from the sex attractions of husband and wife and how much from the devotions of parents and children. They are all related directly to reproduction and sex and are mutually supportive.

Without biological knowledge, we falsely take a good deal for granted about these life-forces of ours. We assume that we are merely created male and female as to our bodies, and that somehow male and female spirit and disposition, and the appropriate special male and female powers of reproduction are mysteriously

and providentially associated with these bodies. Now as a matter of fact, one of the most interesting things about the situation is that the parental body is *not* created male or female and does not impart sex to the sex cells it is carrying. Eggs do not come from a female body or sperm-cells from the male body because these bodies are male and female respectively. The fact is almost the very opposite. The sex of the future sex-cells of a body is determined at fertilization, when the new individual consists of one cell, formed by the union of egg and sperm cells from its parents. Early in the embryonic development of this new individual, before there is anything about the body that gives any clue to its future sex, primordial sex cells with their male or female characteristics and tendencies are placed aside within the, as yet, sexless body. The important thing about all this is that these primary sex cells, the ancestors of all the sex cells ever to be produced in this body and in the bodies of its descendants, have a most profound effect upon the body of the *person* in which they are developing. Developing female cells cause the body in which they are housed to assume female characteristics: male primordial cells produce the body and temperament of the male.

These statements are based on experiments with animals in which the primitive sex cells are destroyed or removed very early in life, without injury to the body that contains them; or even removed and grafted in bodies other than their own. Not merely the gross bodily characteristics of males and females may thus be modified, inhibited, or even in some cases interchanged; but similar changes may come to the temperamental, emotional, and functional qualities and reactions. For example, by grafting ovarian tissue from female into male animals from which the testes have been removed, we can secure from these male animals behavior and a growth of structures distinctly female in character. We have of course long been roughly familiar with these facts through the effects of castration on our farm animals. In these cases, however, castration cannot be performed until the structures and functions of sex in the body are already quite advanced, and therefore such experiments do not show the full force of sex cells in determining both bodily and mental qualities.

These facts are significant because they show how the biological sex processes within us have helped to produce all those special qualities and interrelations of body and mind which we human beings know and admire under the terms "womanly" and "manly." These distinctive human endowments of the man or woman come to each of us individually, not through some mystical providential prearrangement, but because of his biological sex inheritance. An enumeration of some of these sex-determined facts of individual and social life may help us appreciate the debt we owe to our sex. Sex gives us all the innate bodily, mental, and spiritual differences between males and females; all the distinctive sex tastes and tendencies of males and females; all the mutual attractions that exist between them because of these differences; love and courtship; marriage and love of mates; fatherhood and motherhood; sons and daughters, brothers and sisters; the devotions and sacrifices of parents for children and of children for parents; the home and its motives, satisfactions, ideals, and the mental and spiritual associations and refinements connected with the home. Less obviously, but no less really, all the motives, attitudes, and institutions which this home projects into society at large arise ultimately out of sex and its products. To be sure other elements enter, but none is more important.

Furthermore sex attraction is biologically the first and most basal form of social attraction. This primary attraction furnished the first forms of appreciations of attractiveness in any species of animal. Such appreciation is the beginning of the esthetic possibilities. Hence both the esthetic sense in general and the standards of beauty and attractiveness in particular first arose in the evolution of life about sex relations. As a matter of fact, both the sense of beauty and the standards of beauty still linger very strongly about phenomena in which sex plays a large part. We know, for example, how being in love heightens and stimulates all the esthetic appreciations,—as of poetry, art, nature, etc., as well as of the loved object. The higher applications of this sex-derived sense of attraction and of beauty (supplemented, to be sure, at other points) to more abstract and spiritual ideas and relations, such as the beauty of justice, honor, righteousness, moral fineness,

are made possible because of these more simple esthetic beginnings.

Similarly, the sympathy that is the necessary basis of human society and of such poor approach as we have made to human brotherhood has its origin in the family and its brotherhood. The first steps and satisfactions in any moral standards of service, sacrifice, and social consecration arise in these home relations. This is coming very close to the social aspects of religion. This connection between sex and religion is further illustrated, too, by the fact that religion, historically, has in many stages of human development been very closely intertwined with sexual observances; and equally the religious development of every individual is deeply dependent, as one of its roots, upon his personal stage of sexual development. The most inspiring conception we have of God as head of the universe is as "Father"; and his most constructive quality is "love." Both concepts are natively sex terms, and their richest present meanings derive from sex. It is not too much to say that all forms of human affection started biologically in reproduction and sex and have been enriched from the same source at many later stages. Even in our highest human life these elements are still large though not exclusive factors.

THE COROLLARIES FOR THE CLERGYMAN

These considerations touch in a practical way every worthwhile human emotion and relation that the religious leader must meet and conserve in his work for spiritual as against material, and social as against selfish values. He cannot dodge these sex-inspired issues if he would. There is no way whereby he can meet them effectively except by adequate knowledge of the biology and psychology of sex, as applied to individual and social development and relations.

The minister must therefore understand the meaning of sex in human life. This is not to him academic. It is practical. It is not an added task; it is rather an aid to him in his task of character building. He must help in sex education because sex is one of the chief springs of character. By education we mean the scientific and sympathetic use, for the guidance of our youth, of all we

have discovered of our best human goals and of the contributions which sex and the motives associated with it may make to our success and happiness in reaching these goals. We mean that all we know shall be brought to our youth in such a way that his native impulses, tendencies, and appetites, and his acquired habits, desires, ideas, satisfactions, standards, ideals, attitudes, motives, and purposes shall be wisely nurtured from birth; that his normal sex choices and behavior shall adjust him to the best social needs, and shall equally minister to his own poise and happiness. It is not enough that his sex attitude should lead him *unhappily* to such practices as will advance society, nor, on the other hand, *with pleasure* to reactions which are socially disastrous. The highest function of social and moral pedagogy is to adjust, convincingly to the individual, these two partially conflicting goals of individual and social good. There is no point where the task is so difficult as in sex adjustments.

THE CONCERN OF THE RELIGIOUS LEADER

Religious educators owe it to their position of peculiar advantage to fit themselves to approach this task in a scientific spirit. Their concern rests not primarily in the danger, through sex perversions, to the society we believe in and to personality that we are culturing, although this is of great moment. It is rather in the fact, developed above, that we are dealing here with one of the most fundamental, pervasive, powerful, and moulding emotions in all life. Sex in human life is very much more a question of health than of disease; more a matter of psychology than of biology; and much more a question of emotional than of intellectual psychology. Religious teachers have rightly insisted that religion also is very largely a matter of emotional culture; that it should be thought of even more as a matter of the "heart" than of the "head." While these facts again connect sex and religion in education, it is necessary to remember that emotions, while complex, long neglected by scientists and ill understood, are not supernatural nor lawless elements in personality either in sex or religion. They are capable of being analyzed, of being modified, of being educated.

For example, the Freudian psychologists have, by very keen and ingenious experiments, made clear to us how certain unwholesome internal sex emotions, attitudes, and behavior have been fixed in individuals through apparently commonplace early relations and emotional experiences in the home and elsewhere. Indeed these students claim that our whole mature approach to the sex life of the child is so unscientific that we regularly and normally produce thereby unsound, perverse, and even pathological emotional stresses in personality, which humanly speaking are much more serious than the venereal diseases. We may not agree with this, but it is a sobering suggestion. There are two most hopeful results of the psychoanalytic studies of Freud and his followers: (1) that the emotional life is capable, even by way of its morbid states, of scientific analysis and detailed study, and (2) that these emotional states which are the springs of choice are highly modifiable by natural external influences; that is to say, they can be educated.

The religious leader is greatly interested in this emotional parallelism between sex and religion because we must depend in great measure on the powerful motives and emotions of religion, themselves in part sublimations of sex motives, to aid the individual to deal wisely with his sex emotions and conduct. Rightly used, the religious motive is of great value here. Wrongly used, religion can be as harmfully and criminally employed against the growing child as any other misused social and emotional instrument. The psychology of repression, substitution, and sublimation of desires and satisfactions, which for reasons of space cannot be treated here, must be in the possession of one who would intelligently and constructively develop the full emotional religious life, with sex as an ally and not an enemy. We need to find how to get the positive contributions of both religion and sex without their very numerous and real possible perversions.

THE RÔLE OF CHILDHOOD AND YOUTH IN SEX EDUCATION

John Fiske and others have called our attention to the great significance of infancy, home, and parental care, in the evolution of human society and of social sentiments. Many have empha-

sized, possibly overestimated, the degree to which youth is unformed and plastic. There is still another factor in connection with the sex development of youth and the social, esthetic, and spiritual offshoots of it, which seems to furnish a peculiarly interesting educational opportunity.

Because of the fact that society is so completely a sex-organized relation, and the home into which the child is born is frankly and peculiarly so; and because the child's intellectual curiosity and his ability of at least partial understanding develop more rapidly than his own biological sex nature, we have a precocious stage of emotional and intellectual sex development, interest, and opportunity, a period in which the child's mental states are ahead of the physical. On one hand this situation stimulates to premature sex experiment and perversion, and is responsible for the power and volume of the stream of crude sex guesses and incitements which pass continuously and vulgarly from older to younger children. Of course this is complicated further by the more conscious vulgarities of older and often subnormal and degenerate people who mislead and pervert our children. So prevalent is this that the chances are very slight for boys and girls to come to maturity without these perversely sophisticated interpretations of sex marring their lives.

But this situation equally offers an advantage which is much less consciously appreciated by us. This precocious interest, both intellectual and emotional, furnishes the very best possible opportunity to anticipate each actual need coming to the child with the gradual onset of sex. Because of the mental forwardness, we are able to give emotional motives and intellectual appreciations in advance of the appetite both in time and quality, and thus, continually and pedagogically, to establish attitudes which will tend to preempt the ground and fortify the growing character ahead of the need. This is one of the most hopeful elements in our problem. It provides the very machinery for substitution of the higher for the lower sex motives, and for refining the ideals and attitudes toward the whole matter of sex satisfactions. It furnishes an ideal opportunity for prophylactic and tonic treatment to give constructive immunity through mastery, rather than

curative treatment during or after the onset of the sex urge. It contributes the very essence of our opportunity to bring our best social discoveries to the youth as incentives for individual mastery by giving such a satisfying and convincing forward look as will remove from self-control its morbid tensions. It furnishes the one hope of a really democratic transfer of social experience and ideals about sex.

THE SEX EDUCATION MOVEMENT

Those who have followed the movement for sex education know that up to very recent times, except for much sporadic individual writing and speaking, only three fields have been cultivated with any degree of system. These are: (1) the students of college and university grade, originally largely through the influence of the two Christian Associations; (2) some high schools, through the instrumentality of teachers of biology or kindred subjects (latterly this work in high schools is being fostered by the United States Public Health Service and by state boards of health, largely in support of a campaign to limit venereal diseases and prostitution; this is being made more constructive by positive emphasis on health, physical fitness and in some degree on moral ideals); and (3) emergency educational work for the American soldiers during the war. These three steps have all been taken because these were the lines of least resistance and most immediate promise.

In very large degree this work has been temporary, exotic, and superficial, and has been so recognized by those engaged in it. It has been done chiefly by outside lecturers who have tried, in a visit of a few days only, to give the information, interpretation, and inspiration which must be joined in such work. In relatively few institutions has it been taken over and consistently developed as an integral part of the all-school duty. This was a preliminary and an inevitable condition; but it cannot furnish the permanent solution.

Furthermore, when the colleges come, as they must, to take care of this work from the inside, this will help only a small part

of our population; and this instruction comes too late for the students to do more than reorient their lives to the problem. Its chief value looks toward their own later service as parents and leaders. Similarly, even if the high school comes to give adequate sex instruction to its pupils, it must be remembered that no more than fifteen per cent of the young people of high school age are in high school. This age, furthermore, is one of peculiarly strong sex activity and sex temptations, which, coupled with poor or vicious information, make it extremely difficult for the boy to come through safely. Only ideals and attitudes formed *before this period* can effectively satisfy him and guide him during its stresses.

No one, therefore, who analyzes the whole situation with thoroughness and with an educational motive, can escape the conclusion that the crucial educational work must be done before the strong sex urges and opportunities of the high school period. Of course all our social efforts to help boys and girls must be continued and even redoubled through this whole high school and college period; but the effectiveness of even these efforts will be determined very largely by the attitudes already gained through education before that time. It is essentially a pre-high-school problem.

SEX EDUCATION AS A COMMUNITY TASK

Further analysis must convince us, even if the high school should do its duty thoroughly for its own pupils, that sex education for the pre-school age, the pre-adolescent school period, the pubertal period of the late grades, and for youth of high-school age in industry, is an all-community task. These children form the great bulk of our immature population. This means that the brains and the spirit, the science and idealism, of each community must give themselves unitedly to the task of preparing every agency in the community to the end that it will make its proper contribution soundly, intelligently, elastically, pedagogically in such a way as to get these right emotional states and ideas and attitudes and behavior in and from all normal young people.

This involves the preparation of parents, of homes, kindergartens, grade schools, Sunday schools, and churches, all workers in organizations for boys and girls, lodges, physicians, women's clubs,—in short, of all groups concerned with children in any way,—to make their proper contribution, whether of information or of attitude, in the most upbuilding fashion. It is essential that these instrumentalities shall be coördinated as to their ideas and objectives, and not work at cross-purposes for partial and even contradictory objects.

MATERIAL HEALTH AND EFFICIENCY PLUS MORAL IDEALS

There is no question that the fight being organized by scientific medical men against the venereal diseases will be pushed with splendid energy. This is going to be coupled with inspiring pleas for health of mind and body for the sake of efficiency. In spots there will be emphasis upon the social, moral, emotional, and character side of the matter. The movement will succeed within its limits. It would, however, be a most humiliating thing to all religious idealists, if, in this twentieth century, such a movement should be allowed to be limited to a mere campaign for material health and efficiency. It will be the privilege of the church in the next twenty years to determine whether this shall really be a characterful movement, informed with even religious objectives. This cannot be done by merely pious well-wishers and moralizers in the church or out. It can be done only when the clergyman and other moral teachers shall have a mastery of the biological, psychological, pedagogical, and sociological facts of sex and their interpretation, as a background of their equipment for normal moral and religious education of youth; and equally by insuring that our scientific physicians shall really assimilate and apply the moral and social implications of their science. These two groups of human workers can, by a full combination of their magnified fields and a full use of all other social agencies working with the method of the true teacher, guide humanity in the solution of its sex education. Neither science alone nor the idealism of religion alone can possibly solve the problem.

THE CONSEQUENT DUTY RESTING ON PROFESSIONAL SCHOOLS

It is quite obvious that a busy physician or a busy clergyman cannot readily pick up these necessary parts of his equipment for this task, merely as an incident in the day's work. Each will be inclined rather to shun his responsibility. The too obvious handicaps of both are due largely to an inadequate point of view in the teaching in the professional schools. For example, when he leaves the medical school the ordinary physician has not merely *not* been fitted to use his unique opportunity to present the big human aspects of sex to youth, but ordinarily he is made particularly unfit to do so by the very manner and matter of instruction which he receives there. For the most part he has been instructed only in the anatomy, physiology, and pathology of the subject, and with a levity and neglect of the whole biology and psychology of it that is utterly and dangerously unscientific and well-nigh destroys his rightful opportunity of social service and leadership.

In exactly analogous ignorance and perhaps in even greater degree the average young clergyman goes to his peculiarly strategic position entirely unfitted to make his spiritual and ideal aspirations on this subject effective in the practical training of the young people of his church and community. He can be prepared to do more easily the thing he now tries to ignore or does with great difficulty. Here again much of the fault lies with his training schools. The school both selects the subjects to which he shall give his thought during his course, and even more it gives the bias and sense of values which will largely determine his emphasis in community leadership, and in it all, this mainspring of human character is given the most casual or no attention. There are whole courses common to all theological seminaries, which for fundamental Christian and social ends could better be omitted than the study and training which would fit the minister for leadership in the right education of the two great native impulses of *greed* for possessions and *sex*, in the young people of his community. The wrong use of these two impulses presents the greatest barrier both to democracy and to Christianity which we now know. In most cases the needed help could be given without

any serious omissions and without extensive new courses. Most schools have several courses which could be enlarged so as to meet the conditions.

PROBLEMS WHICH SHOULD BE CONSIDERED IN SEMINARY COURSES

In conclusion may I merely mention, with no discussion, some of the more acute questions demanding intelligent answer in the interest of the future of human society, with the general significance of which the modern minister must be familiar if he is to be a moral and religious leader for his community or even lead his own church and Sunday school to contribute anything to their solution. The seminary is the institution which can best serve him in this connection. These questions only illustrate the field. They by no means exhaust it. In proposing them there is no purpose to imply that any one now has complete or final answers to them. The implication is again that the answers cannot be found by materially minded men of science alone. Unless idealistic and socially minded people actually help to find scientific answers to them we are in danger of an abdication of interest which may easily be fatal for all time to a moral solution of the sex impulse in human society. Some of these problems are:

The biological place of appetites in life as a basis for understanding their relation to morals. The normal instincts and impulses connected with these. The place of pleasure and satisfactions in these organic adaptations. The effects of human consciousness, memory, and imagination upon sex, and other basal appetites. Biological foundations for social ethics and morals.

The main steps in the normal biological development of sex in the boy and girl. Some of the more frequent and limiting congenital abnormalities of physical sex development and the results of these in character and conduct. The ages at which the various phases of physical sex development show their influence upon the emotional and volitional life of the child; and the different normal and abnormal forms which these emotional aspects take at different periods, as auto-erotism, homosexuality, heterosexuality. The practical bearing of these upon all character education of youth.

The modification which our highly artificial, sophisticated social organization and conventions, customs and taboos work in these natural emotional states of the young. Particularly how the home life and connections influence the inner sex and emotional life of the child through the unconscious images and complexes that are built up. The perversions of juvenile sex life and thought; their causes, prevention, and remedy.

The natural and the artificial connections between the sex impulses and the other desirable and undesirable impulses of life.

The normal goals that we should consciously strive for in the sex development of the youth at the principal periods of his life. That is, what should be accomplished in the way of information and in the emotional attitude before the child starts to school? In the pre-adolescent age? Early adolescent age?

What types of knowledge are most serviceable to the child in respect to sex? How should they be graded to meet the development of the child? Relative value of knowledge and other educative factors in influencing sex growth and sex choices. Kind of motives more favorable for use at the various stages of personal development in securing convinced and satisfying control and guidance of the sex impulses for constructive service to personality, rather than the too probable but unnecessary opposites of lack of control on the one hand, or grudging and unsatisfactory repression on the other.

The necessary changes in our method as youth progresses, in developing and emphasizing those motives that secure control. That is, how in respect to method can we best get appropriate motives into healthy operation in youth at different ages? And of different temperament? When repression is necessary, how can we secure repression of desires into unconsciousness in such a way as to injure personality least? How may we best substitute other motives and interests for those of sex? What limitations are there on this progress? How can we best sublimate the sex desires and satisfactions from the cruder to their more social and constructively emotional forms?

How can we make most healthful use of the social and moral standard which the race has found pragmatic and has adopted, in such a way as to help the youth without hurtful repressions? In other words, how can we transfer our racial experience and thought so democratically and convincingly that the youth will build up within himself a personal mechanism that knows, desires, has the habit of, and is satisfied with,

socially sound behavior, rather than obey or revolt against an ancient morality imposed autocratically and externally. Is it a concern of the church to secure such internal, vital morality rather than obedience to conventions, regulations, commandments, and taboos? How can we really put its machinery back of such improved methods?

In this task of giving our boys and girls a fair chance with their sex development—not merely in conduct but in inner integrity—what can we do for the monogamous home, to make it more effective and comfortable and educative psychologically, as it is satisfying biologically? Is the future of the home assured? On what grounds is it failing? Is it the best possible social solution of the sex relation? If so, on what grounds? Is it not necessary to make these grounds even more effective? Is it not both possible and morally incumbent upon us to provide saner preparatory education for both boys and girls in the interest of better homes? Where is this to be done accurately and in the finest spirit?

What are the fundamental grounds for a single standard of sex morals for both men and women? Is definite education for this a church concern? What are the most effective motives to use at the various stages of a boy's life to develop a permanently right attitude on the question? How best can the sex development and satisfaction of those men and women who never marry be met? Have we no general social obligation to such people?

What is the rôle of the literature of life,—biography, fiction, poetry, drama, etc.,—in establishing right ideals and attitudes with respect to sex? Do the solution and application of this question of literature to sex belong to the schools alone?

What are the moral and religious springs in character most closely connected with sex development? What positive use of the sex nature and impulses can effectively be made to advance morals and religion at the various periods? Conversely, what moral and religious incentives can be used to advantage, and how, at the different ages, can we guide and refine sex desires, attitudes, and ideals without unwholesome reaction either to sex choices or to the religious nature?

What part ought we to expect the church and its Sunday schools to take directly in organizing and guiding intelligently its children and youth in respect to sex attitudes and behavior? What are their best approaches to the subject? What topics can they best use? What can the church and Sunday schools do to prepare present parents to do for their own children in this field what parents alone can do?

If communities should move to take adequate care of sex education, what part should ministers and churches take in such a community movement?

CONCLUSION

The conventional answer of many religious people to all such pleas for knowledge and science is a series of generalized statements that beg the whole question and get us nowhere. They run something like this: "If the minister preaches the gospel, these things will all fall into their proper places"; or "Nothing can solve these human problems but a new spiritual birth"; or "Belief in and acceptance of Christ will make unnecessary special knowledge of the biology or pedagogy of sex"; or "We need grace rather than pedagogy." In the superficial way in which many teachers of religion use such expressions, they are mere sleight-of-heart efforts to get something for nothing. Those using them in this spirit give little evidence of having solved the essential problems of sex or of any of the other powerful impulses that furnish the raw material for character.

To be sure we may read into such expressions our whole knowledge and appreciation of these fundamental and vital problems—all that is asked in this paper. But if we have no such knowledge, then these formulae are merely an empty covering to our ignorance. Let us not use them as a shoddy substitute for truth and understanding. That way lies ruin no less than in following blindly the material scientist. These have no more value than any other catch-words. They *may* include the sex impulses, relations, and problems, as the whole includes the parts. But our knowledge of any such whole can be no greater than the sum of our exact appreciations of all the parts. We merely cheat ourselves when we think we get anywhere by such easy generalizations.

The pedagogy and sound use of the sex impulses and of the personal and social derivatives from them are a part of this moral and religious task and process. Only sound training of ideas, desires, emotions, attitudes, and ideals in respect to sex as an

integral part of the total religious relation can bring religion and sex into mutually constructive support.

[Unless the seminaries can make in their course of instruction a synthesis of science and religion for the benefit of the ministers, and furthermore give them an abiding confidence that such a synthesis is important in every phase of modern moral and religious advance, the busy individual minister has little chance to acquire the necessary attitude and knowledge in his active service; and unless he does get it he is greatly hindered as a community leader in respect to the most imperious group of impulses which human beings have, and to the most influential factor both for good and ill in individual and social life.

JAMES CARDINAL GIBBONS, 1834-1921

The death of Cardinal Gibbons at the ripe age of eighty-six years is naturally mourned by the members of the Roman Catholic Church and by genuinely religious individuals of other communions. That it is also a serious loss to constructive philanthropy and to innumerable educational, civic, labor, and public-health movements is perhaps less generally known. The Cardinal was an honorary vice-president of the American Social Hygiene Association continuously since its formation in 1913 by the union of the American Vigilance Association and the American Federation for Sex Hygiene. Previous to that time he had been an officer of the last-named organization. He was also a member of the old Maryland Society for Social Hygiene and was active in many movements for the betterment of Baltimore.

He was a man of broad and liberal human interests, profoundly American in all his thinking and endeavor, and one who did not give his name lightly to the support of any movement or organization which did not also enlist his most intimate convictions and aspirations. It is fitting, therefore, in the flood of reminiscences and appreciations called forth by his death, to recall how thoroughly in sympathy he was with the modern educational aspects of social hygiene. In a recent issue of the *Springfield Republican*, Dr. J. J. Carroll, of Holyoke, Massachusetts, who represented the United States Public Health Service in its work for venereal-disease control in Massachusetts after the war, tells of an interview he had with the Cardinal at that time. Although himself a Catholic, Dr. Carroll had met with opposition to his work, among men of his own faith, and went to Cardinal Gibbons to inquire whether he were justified in continuing to give instruction on problems of sex and the venereal diseases.

"Why not?" answered Cardinal Gibbons. "You know as a physician that these diseases exist. I know as a priest that they exist. It is your duty to combat them in your way as a physician, as it is my duty to combat them in my way as a priest. They are enemies—and you cannot fight an enemy to advantage in the dark."

"At what age, your eminence, should such instruction begin?" asked Dr. Carroll.

"At the age of puberty," answered Cardinal Gibbons without hesitation. "At that age the sex instinct begins to manifest itself; so at that age the proper instruction should be given, and instruction leading up to this point should begin before that."

Such courageous expressions from a man in his position of responsibility and authority go far to explain the deep influence he exercised on the higher life of America during the more than half a century of service which has just closed.

A NEW EMPHASIS IN SOCIAL HYGIENE EDUCATION

HARRY A. WEMBRIDGE

Formerly Chief Reconstruction Officer, Fort Bayard, New Mexico

The thesis to the proof of which the present article is devoted is the following:

Information as to the facts of social hygiene and the seriousness of venereal diseases, although important, is insufficient in itself to accomplish the desired results, unless accompanied by an emotional stimulus which will evoke in the hearers the wish to make use of the information which they have obtained. Therefore, in any plan for sex education, more care should be given to the rousing of suitable emotions and the training of the will, than to the dispensing of information as such.

There is no doubt that the campaign of education so ably carried on by the United States Public Health Service and by numerous other public and private agencies, has accomplished much even in the few years since it has been in practice. The statistics of the Surgeon General of the Army have conclusively shown that health lectures, prophylaxis, and deduction of pay did actually diminish the proportion of soldiers who were incapacitated by venereal disease. Moreover, there is now a distinct social pressure exerted through ridicule and ostracism against those who have contracted the diseases, and this can be traced directly to the propaganda so vigorously carried on among the men. All this is in marked contrast to the past experience of the writer, who ten years ago was a member of the army and who well remembers the difference in prestige enjoyed by those who indulged in social vice, and the levity with which venereal diseases were considered and sex promiscuity was sanctioned.

At American Lake, Washington, now Camp Lewis, there were at that time several houses of prostitution within the confines of the camp, some for officers and some for men, and after pay day,

groups of men waited outside all of them, going in without apology or restraint. During this encampment, the main topic of conversation was sex and how and where to satisfy it. To-day in the army and among ex-service men, such a condition would be intolerable, even if it were permitted. Sexual indulgences must be clandestine and are much less frequently discussed.

Yet with all this improvement, most of which is due to education, there still remains a considerable number of men who expose themselves to infection, even in the face of full knowledge of the consequences. The writer, who was recently morale officer in a Public Health Service hospital for ex-service men, found that approximately 5 per cent of the men were, at any one time, incapacitated because of venereal disease. And yet, these men were tuberculous patients and restricted for the most part to the hospital.

A study of those who have gonorrhea or syphilis, or who seem liable to contract them, shows that they fall into certain well-defined classes.

In the same fashion, those who have escaped and who do not expose themselves, fall no less into certain classes. All the men in all classes have had information as to the methods of contagion and as to the consequences of the disease. It is therefore evident that information alone is not the determining factor. Some of those who escape are men who have distinct ambitions toward which they are working, and who avoid venereal disease as something likely to interfere with the end that they wish to attain. These ambitions may include desire for skill in some difficult profession or occupation; as one man recently told me when being examined for a possible neurotic condition, "I don't fool around with the girls any more because I want to become a good book-keeper." It matters much less what goal is to be attained than that a man sincerely desires it and is willing to sacrifice some immediate indulgence for it. Another group that escapes consists of those men who, however they may conduct themselves, are clever and farsighted enough to take the necessary prophylaxis. But by far the most important group of those who are free from disease, consists of those men who have some ideal,

whether of a moral or a religious nature, or of family life and affection. Many of these men hope to be married, or hesitate to go back on home training, or are in love with some girl to whom they are emotionally loyal. The writer has found, both in and out of the army, a large number of men who did not indulge themselves for purely emotional reasons. So strongly did they feel on the matter that they resented the fortnightly army examination for venereal infection. The ideals in question were as varied as the men themselves, yet because of them, whatever they were, these men were not sexually promiscuous, and there were and are very many men of this type. As the opposite of all this, the men who were not deterred from vice and contagion fall into groups as one would expect. The largest per cent of these must be classed as dull or below the average mentally. At Camp Jackson where the writer was stationed as psychologist, a study was made of the mentality of a large group of so-called "G. U." cases, and this group was contrasted with another group free from the diseases. The result showed that the G. U. group were decidedly below the unselected group mentally. Doctors who handle these cases admit the same fact. Another group, although mentally up to the average, are unambitious and do not fear venereal disease particularly, because it does not interfere with any plans which they have for the future. They have no such plans, in fact. They are willing, as they say, "to take a chance." A third group, while ambitious, are so only for sex aggressiveness and sex mastery. They are proud of being "sporty," and they contract disease because of their numerous contacts. It is noticeable that all three of these groups have no emotional ideal to restrain them from promiscuity, and what emotion some of them have tends, not away from, but rather toward sex prowess and indiscriminate indulgence.

If this analysis be accepted as correct, the problem resolves itself to this: how can the dull or unambitious man and the man whose pride and ambition are in perverted channels, be appealed to by a more healthy emotion, since mere information as to consequences has so far failed to deter them? To what emotion can one appeal, if emotion there must be? The social-hygiene move-

ment has recognized this need by the widespread use of one emotion which has undoubtedly proved effective in many cases, namely, the emotion of fear. If, by means of pictures, by observations of patients who are afflicted with venereal diseases, and through reading matter, the man can really be made to dread the infection to which he is liable, he may be deterred from vice, or at least he may take prophylactic precautions. However, it has been observed time and again in connection with other misdemeanors, that fear and the unpleasant emotions in general, are not as powerful to promote or deter action as strong positive feeling, such as love, devotion, and the so-called agreeable emotions. Fear does not prevent the man from exposing himself to temptation, and once exposed to it, his fear of consequences has to combat the strong attraction of indulgence. Here two emotions are in combat, and the attraction and desire usually are too powerful for the fear. Especially is this true in the case of fear from venereal infection, because the consequences are uncertain. Infection does not inevitably follow sex indulgence by any means. In fact, a man escapes more often than not, and because of this, he "takes a chance." Hollingworth and Poffenberger found after investigation that it was not the severity of the punishment which deterred crime, but its inevitability.¹ A lighter penalty which was certain, was more effective than a heavier one which there was a gambler's chance of escaping. This seems to be true of murder, where the penalty is the most severe which can be inflicted, but where the murderer may and frequently does escape. Murders continue to exist in states where capital punishment is the sentence. The man who is tempted to sex indulgence already has the emotion of desire, or he would not seek to place himself where it might be satisfied. The only emotion warranted to overbalance this desire, or to prevent its occurrence, is another desire at least equally strong in another direction. The same is true in the case of certain diseases. The writer has had occasion to observe the reaction of tuberculous men to fear when this fear is opposed to strong desire. Patients

¹ H. L. Hollingworth and A. T. Poffenberger, *Applied Psychology*, New York, D. Appleton & Co., 3d edition, 1920, p. 262-269.

with active tuberculosis, who see daily the results of dissipation in the dying men in the hospital, who are solemnly warned by the doctors of the results, and in this case *inevitable* results, of failure to observe the hospital regimen, and who have already experienced the penalty in the shape of hemorrhage and prostration, nevertheless, in the face of all this, seem unable to experience fear when in the grip of a contrary emotion, and often go on their way, without deterrence, to certain death. How much more is this true when the penalty is *not* certain, and when there are always men at hand to assure them that they have indulged themselves often without serious consequences. In these cases, fear simply ceases to be an emotion at all and fades into a mere matter of reason—too cold to combat the heat of overmastering feelings. This is the inadequacy of all the biological and physiological training, necessary as it is, unless it is reinforced by something more vital to the individual than science and fact. Kurt Finkenrath, in the *Zeitschrift für Sexualwissenschaft* for January, 1920, states a similar conclusion in the following words: "Reason, as such, does not suffice to check the sex impulse. Training in self-control, inhibition through the effective functioning of other impulses will be the only effective means of control. We come to the conclusion that in order to conform to sexual-ethical demands, man needs not so much intellectual enlightenment as education and training of the will."²

If then, knowledge is not virtue, how is sex education to proceed? Obviously, to arouse a strong idealistic emotion in an adult already accustomed to vicious habits, is not easy. In fact, there is no question that with many of them it is impossible and that fear is the only emotion, weak as it may be, that can operate at all. With a certain class of dull men and women, those who are below the level of normal mentality, no amount of education and no emotion can deter. This question of the feeble-minded has been so thoroughly discussed of late that we need say no more than to mention the fact that for this class there must be segregation and social restriction. Society must do for them, in

² For abstract, see SOCIAL HYGIENE, vol. vi, no. 3, p. 434, July, 1920, "On 'Enlightenment' in the Conflict with the Venereal Diseases."

the way of deterrence, what they are powerless, and always will be, to do for themselves. But with other groups, even with those who are not of superior intelligence, something can be done, if they are only reached young enough. Whereas the idealistic emotions are hard to rouse in an adult with fixed habits, they are happily easy to arouse in the young. The numerous institutions which have arisen in recent years for young boys and girls, such as the Boy and Girl Scouts, Junior Y.M.C.A. and Y.W.C.A. movements, clubs in schools, etc., all have discovered a vast reserve of youthful ideals which are eager to expend themselves on something, if only led by the right leaders. The social-hygiene movement is theoretically aware of the importance of the adolescent period, but this importance might be more fully taken into account in practice. As an illustration, the writer has attended social-hygiene conferences where three things were almost certain to be true. The emphasis in adolescent training was placed almost entirely upon botany, physiology, or biology. Those who read papers stressed almost without exception the work that had been done in teaching the biology of the cell, the reproduction of plant and animal life, and the growth of the embryo and the birth of the child. In the second place, these lectures were given chiefly by doctors or physiologists who took up the matter in a perfectly detached professional way, which freed the audience from any embarrassment, to be sure, but which also failed to arouse any emotion but that of curiosity or intellectual satisfaction. Thirdly, in so far as sex instruction was subsequently introduced in the schools, it was largely in the hands of young unmarried men and women, who naturally would be somewhat timid about giving an emotional turn to a subject about which they supposedly knew nothing at first hand.

As a contrast to this, the writer well remembers that the talk which impressed him the most when he himself was a student and a subject for sex-hygiene lectures, was one given by a married man, who stressed above all else the joys of a happy married life, the satisfaction that a man has in starting a family in the knowledge that he possesses physical health and moral integrity, the confidence that can be inspired in a wife only by the knowledge

that she has not been deceived in the man she loves. The facts of venereal disease are known by many boys who have lived a somewhat unsheltered life long before they hear any sex-hygiene lecture. But the positive side, of a romantic and almost adventurous attitude toward marriage, instead of having the romance and adventure all on the side of illicit attachments, was stressed by this one lecturer alone and was never forgotten.

For such talks to be given successfully, they should be a regular part of the régime of all institutions dealing with young people. A list of these would include the Scouts, Girl Reserves, Sunday schools, day and private schools, institutions in the city or state, and other associations of similar character. Instead of giving the only emphasis to facts of biology and fears of venereal disease, such talks should stress the joys of health and vigorous and romantic love, centering in marriage and children, emphasizing the latter not as the dull accompaniments of middle age, but as the goal of youth. This would involve the training of speakers among happily married young men and women, or middle-aged men and women who have brought up children of their own. If the writer is not mistaken, the Social Morality Division of the Young Women's Christian Association allows no speakers but women physicians. Since these women are usually unmarried and often highly professional in their manner (excellent physicians but poor sentimentalists), the strain of sentiment and romance which drives the boy or girl to unhealthy amusement is seldom roused by them to enlist their emotions toward normal romance and healthy love.

That all this involves a social structure where every normal person can hope for economic freedom to start a happy married life, is of course true, but this paper cannot branch out so far as to discuss that point. Even at present, it is the writer's belief that most men could avoid promiscuity and marry happily, if the ideal were positively and persistently presented to them in early youth by people who themselves exemplified its fulfillment.

THE EDUCATIONAL IMPERATIVE

We must not forget that as freedom extends and scientific knowledge and inventive skill add to the power of men and women to do evil as well as to do good, the necessity of training children to good moral habits and of forming in the minds and hearts of youth sound principles of self-guidance to righteous conduct becomes much more important than in the days of greater outside restraint and of less power to do either good or evil. Our moral life must be strengthened, broadened, and enlarged to keep pace with the broadening and extending of our material and social life.

From an address by Philander P. Claxton, United States Commissioner of Education, *School Life*, July, 1920.

THE STATUS OF SEX EDUCATION IN PUBLIC EDUCATIONAL INSTITUTIONS

VIVIAN HADLEY HARRIS

Field Secretary, Connecticut Social Hygiene Association

What are we doing to help the young people to solve the problems of sex? What are we doing to prepare them for happy, healthy marriage and parenthood—for racial health? These are some of the questions which face the educators of the world to-day.

In the United States the common sentiment is that the hope of racial betterment lies in the education of the children of to-morrow in the normality of sex. All the public health efforts are in vain unless the children are not only protected from disease, but reinforced by a true perspective of their place in the scale in life. Only then will their characters be protected, not by ignorance nor prudery, but by the naturalness of truth.

THE WORK BEING DONE IN THE UNITED STATES

In order to ascertain just where the United States stands with regard to sex education,¹ I sent to every normal school a questionnaire containing the following questions:

I. Do your students have any work in sex education (1) as such, or (2) combined with any of their other courses?

This paper is an excerpt from a thesis prepared by Miss Harris while a student in the biology department of Simmons College. The research was conducted under the direction of Professor C. M. Hilliard and Dr. Evangeline Wilson Young. The results of the investigation were presented by the author before the summer session course in social hygiene at Teachers College, Columbia University, in 1920.

¹ When I speak of sex education, I use the term in its broadest sense including, as Dr. Bigelow has defined it, "all scientific, ethical, social, and religious instruction and influence which, directly and indirectly, may help young people prepare to solve for themselves the problems of sex that inevitably come in some form or other to every normal human individual." (*Sex Education*, Macmillan Company, 1918, p. 1.) Thus biology, physiology, and hygiene, physical education, civics, literature, home economics, and moral training all play their part and can readily be adapted to meet this need if they do not include it.

II. Is this given to them (1) primarily for personal information, or (2) that they may be able to teach sex facts?

III. Do you think sex education should be given—

(1) In the elementary schools?

(2) In the secondary schools?

(3) In colleges and normal schools?

Additional information as to the general nature and scope of this work in your school would be appreciated.

This questionnaire is somewhat like one sent out by Mrs. Bertha Chapman Cady in 1916, during her work with the American Social Hygiene Association. At that time she either visited or heard from 80 institutions in 28 states. She found distinct opposition to the work as a separate course and to publicity, although a great deal of work was being done "quietly all across the continent." She found that the oldest and poorest books were in use.

The nature of the sex-education work now being done in the normal schools may be judged from some typical replies to my questionnaire. In Washington, the three normal schools combine this work with other courses. One school gives it in a required course called "Health Problems." Two of these schools have special lectures for young men in addition to the required courses. A third sent in an excellent "Educational Hygiene Syllabus," divided into four parts, one of which is given over to "Sex Education." Six books and several pamphlets are used. Lectures are given on:

1. The problem.
2. Who should do the teaching.
3. The need, purposes, and dangers of instruction.
4. What should be taught during the first ten years of life.
5. What should be taught from ten to fourteen years of age.
6. Information for the adolescent.

A most excellent course came from Georgia. In one of the schools there, the Georgia Normal and Industrial College, at Milledgeville, the work comes in an exceptional course called "Mothercraft Training." This is a full year's course of study and

a requirement for graduation. Some such plan for other women's normal schools might well be adopted. It includes:

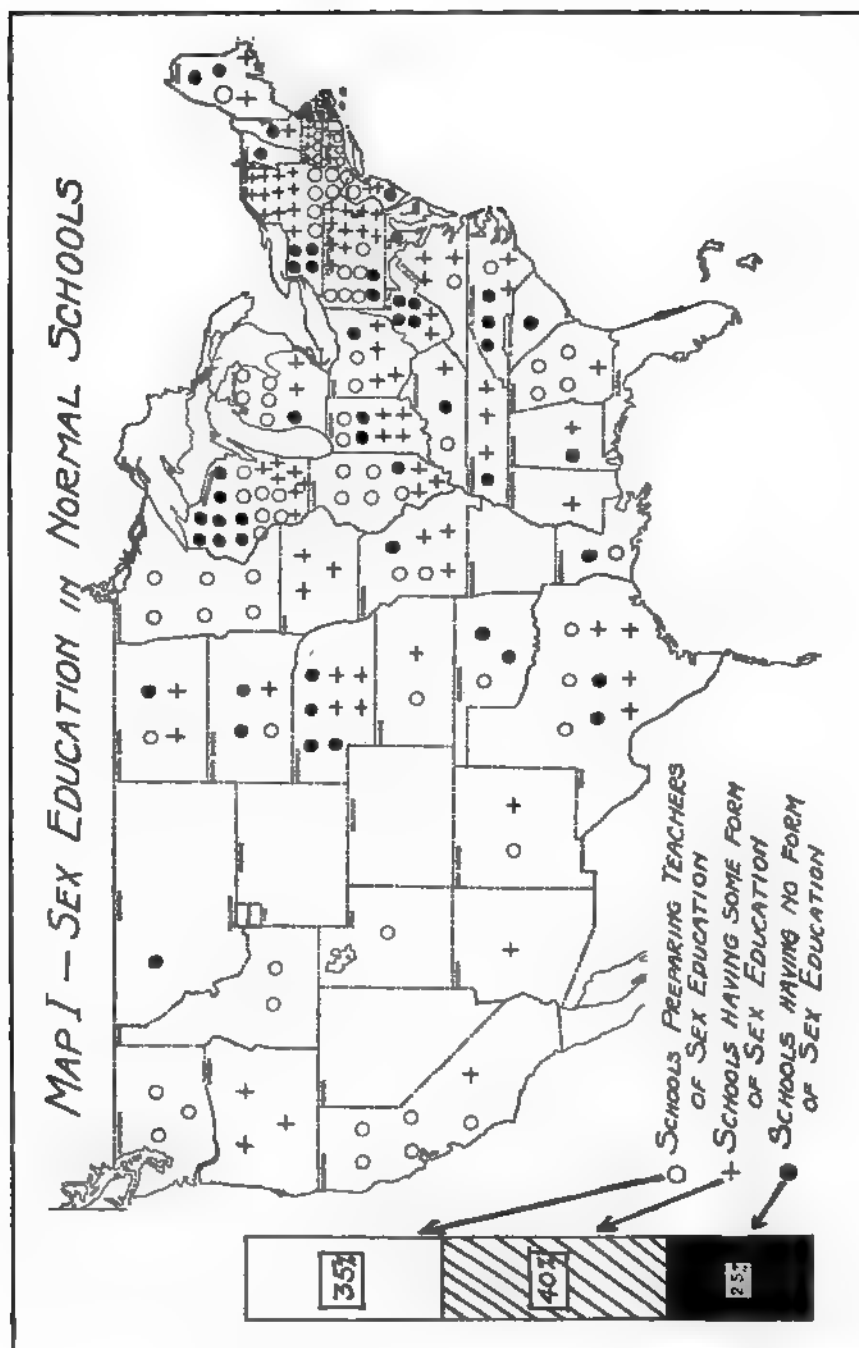
1. Individual health problems of the girl and woman.
2. Embryology.
3. Prenatal care.
4. Physical care of infants and small children.
5. Pre-school age.
6. Psychology of childhood.
7. Papers on different phases of child welfare from the class.

This school even prepared a mothercraft exhibit in 1918. A similar plan might be worked out in Fatherhood and Citizenship for the coeducational schools.

The other Georgia normal schools are combining their work in child psychology, physiology, and nature study. This is the general trend throughout the country. But here are two definite workable approaches, the syllabus from Cheney, Washington, and the specialized "Mothercraft Course" from Georgia.

The state of Minnesota deserves special mention. At the State Normal School at Mankato, systematic work in this line has been undertaken under the special direction of Dr. Mabel S. Ulrich, of the Division of Venereal Diseases, State Board of Health. She gives several lectures each year and outlines the work to be done by the physical education teacher, the school nurse, and the several teachers whose work bears on sex education—hygiene, psychology, nature study, sociology.

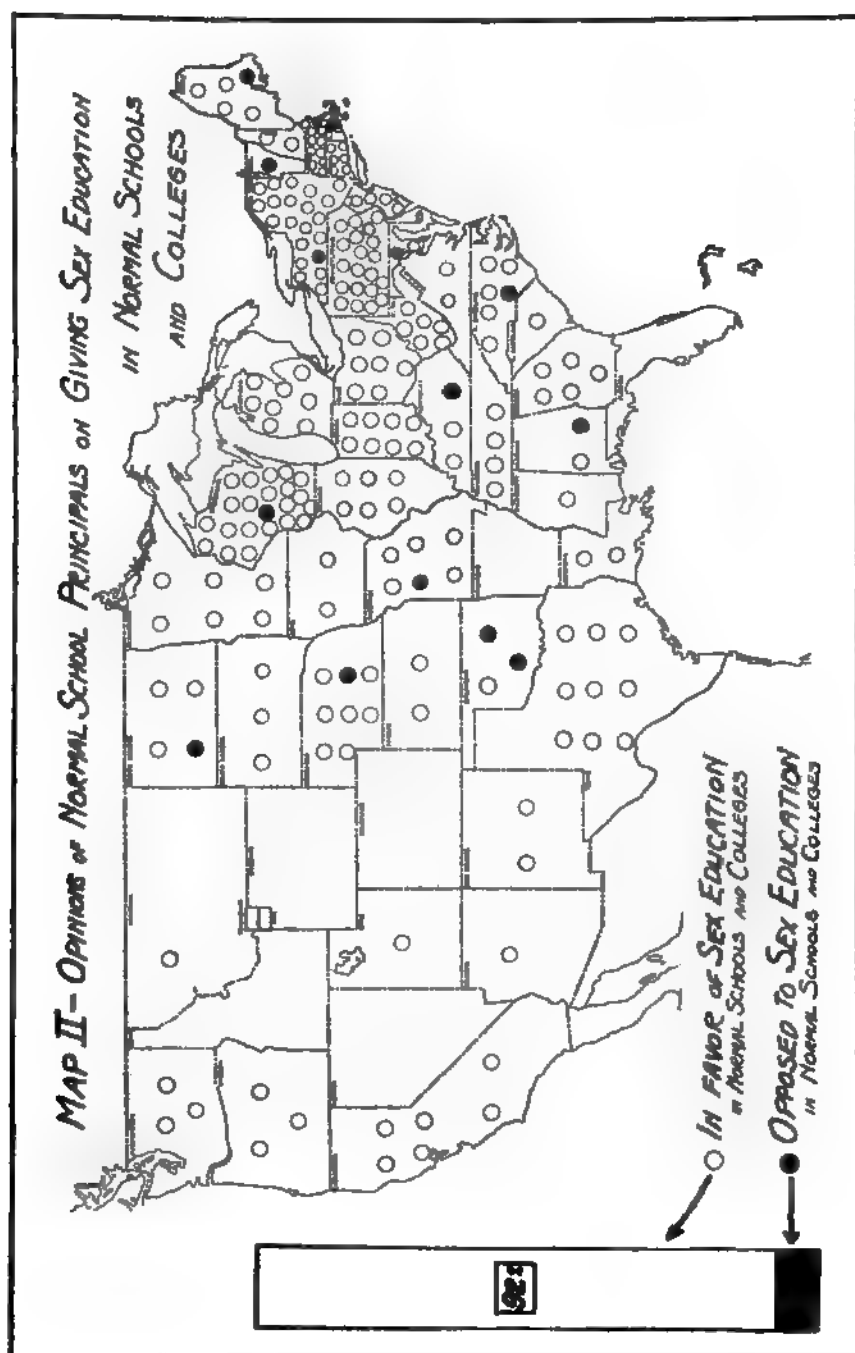
Sixty-five per cent of the 350 normal schools of the United States, or 228 schools in 42 states and the one territorial normal school in Honolulu, returned answers to my questionnaire. Three states have no normal schools. No method in use seems to be indigenous to any part of the country with the exception that all schools west of Texas, Oklahoma, Kansas, Wyoming, and Montana, are attempting something. Map I does not attempt to locate the schools further than to place them in their proper states. Very few schools are giving sex education as a separate course, but most are combining their work in the broadest way. Some of the more conservative schools are having one or two or a



series of isolated lectures given by a woman physician, giving work primarily for the personal information of the students and with no aim of preparing them to teach sex facts. Of the total returns, only 25 per cent are doing nothing. Thirty-five per cent are actually giving work. They are preparing their graduates to teach sex facts in the natural way, mainly through the biologic approach. Reference to the map indicates that only 13 of these 42 states do not have a school preparing teachers of sex education. Twenty-nine states are actually doing this work, sending out teachers who can help the young "to solve the problem of sex."

Now look at Map II and see what has happened to the first map. Every dot is in the place it was originally but, if you remember, these heads of normal schools were asked whether they thought sex education should be given in normal schools—and this is their reply! The 25 per cent opposition, or rather "doing nothing," has changed, and of the 218 returns, only 8 per cent are opposed. Ninety-two per cent of these principals think this work should be given. A great many of them said, "if given by the proper person." That, of course, is the big obstacle. There are so few "proper persons" because people have not been trained. Since 201 normal school principals believe that such training should be given, the foundation at least is laid. Once more no statement can be made that any part of the country is strongly opposed. The opposition is scattered. A great many of the replies answered in the straight negative, adding no further information. One man objected to a woman's telling his boys anything about sex; another objected to it because the country was overrun with "uplift stuff"; and several frankly said they did not know how to answer. Each state has a comparatively easy task, especially easy when we think of the struggle of Dr. Elizabeth Blackwell in 1869 even to have a book published on the subject.

However this may be, what do the educators think of introducing this work into the grammar and high schools? From the material above may be seen what the normal schools are doing and what they would like to do. What sort of reception would a similar proposal find in the secondary and grammar schools? Chart I gives the opinions of 205 educators (normal school principals) on



the giving of sex education in high schools and grammar schools. Twenty-three of the returns were written in such a way that they could not be interpreted. Many of the principals, instead of telling what they thought, asked what I thought ought to be done. That, I believe, is what is called a Yankee answer; if so, there are

OPINIONS OF NORMAL SCHOOL PRINCIPALS
ON GIVING
SEX EDUCATION IN PUBLIC SCHOOLS

FAVOR ☐ OPPOSE ☐

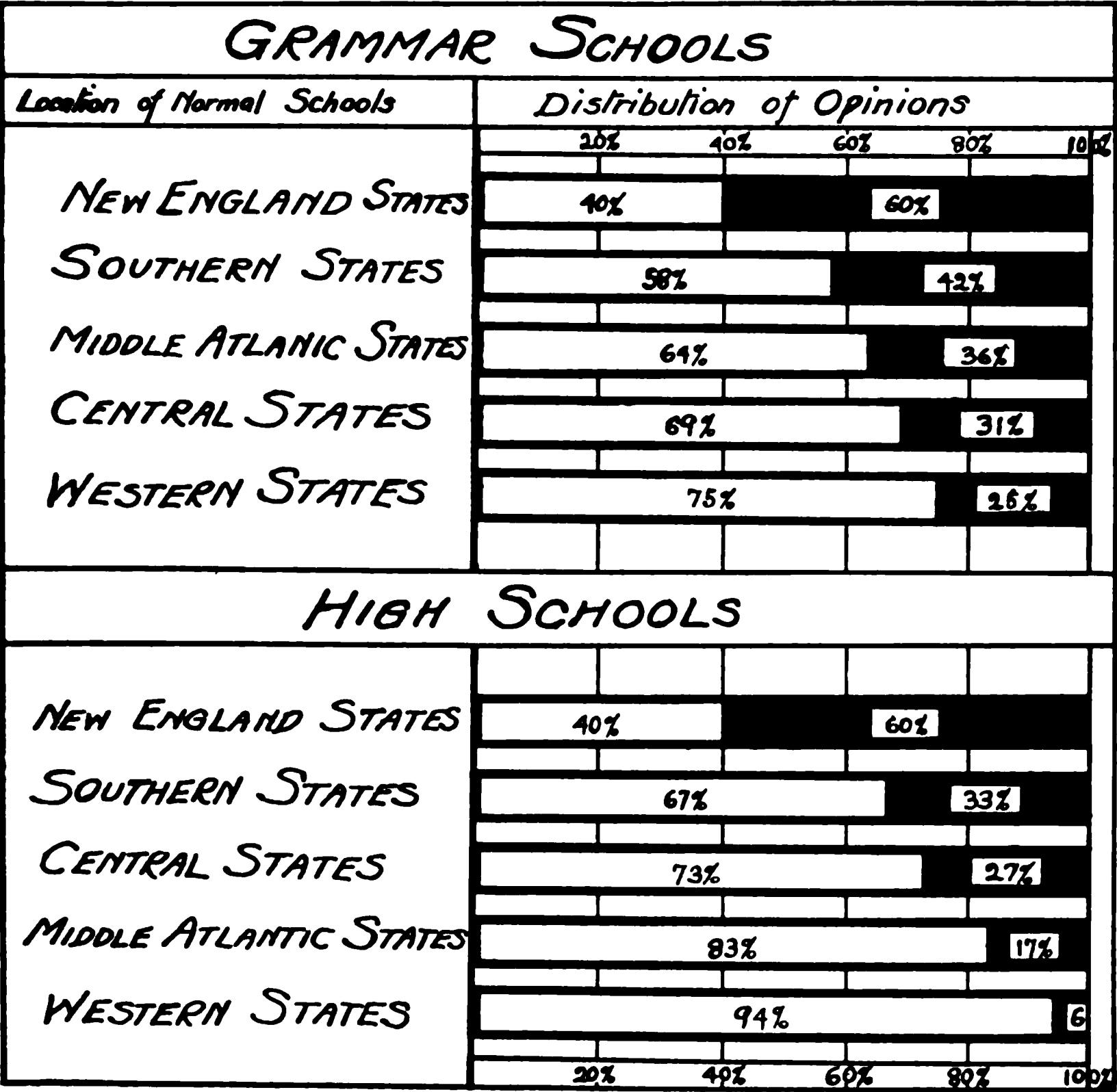


CHART I

many Yankee educators scattered over our country. When they answered the last question, i. e., in regard to normal schools and colleges, and failed to answer the two preceding it, they were interpreted as opposed. The country has been grouped by geographic sections. The chart is worked out on the percentage basis. New England principals are more opposed to the work than in favor of it, both in high schools and in grammar schools. The other sections are more in favor than opposed, but the degree differs for various sections.

Pursuing this problem further, a letter was sent to the state and territorial boards of education. This letter contained Dr. Bigelow's definition of sex education and asked them to coöperate by filling out the questions given below.

I. Is any form of sex education given in the grade schools of your state?

- (a) In what year is it begun?
- (b) How much time is given to it?

II. Is it given in your high schools?

- (a) What year begun?
- (b) How much time devoted?

III. Is it—

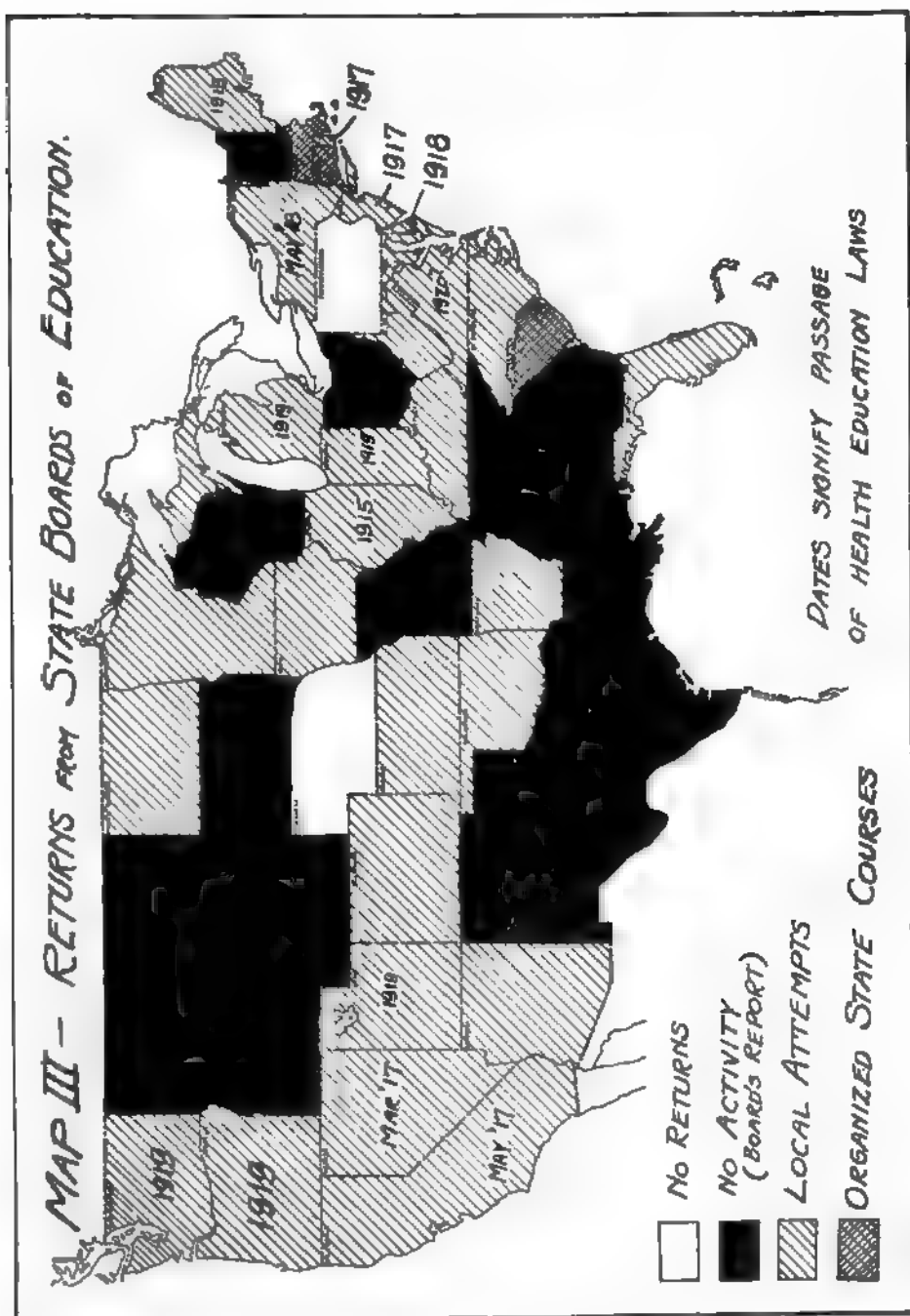
- (a) Given in distinct courses? or
- (b) Definitely planned for in other courses?

IV. Is it taught by:

- (a) the teacher?
- (b) school nurse or physician?
- (c) a specialist?

V. Has your board seriously considered the advisability of helping the young through nature study or any other form of sex education?

There are 48 state boards, 5 territorial boards, and that of the District of Columbia, making a total of 54. A great many of the states did not attempt to fill in the blanks but wrote letters stating that no work was being done or if that work was being done the state boards were not overseeing it. Some states told me that they knew of local attempts and referred me to the state department of health or some United States Public Health Service worker. I feel sure, however, that work is being done in some of



the states that are represented on Map III as doing nothing. The map contains the dates of the passage of physical education laws or health education laws. Such laws certainly signify some attempt on the part of the states to coöperate in an organized way. Although a second group of letters was sent to states originally not heard from, Pennsylvania and Nebraska have so far made no return.

On the face of the replies, South Carolina is doing the most direct work. A sex manual is used and lectures are given both in the grammar and high schools. The Massachusetts board requires that physiology and hygiene be taught in all towns and cities of the state, and attempts are being made locally to give instruction in problems of sex. Connecticut requires that hygiene be taught in all the elementary schools from the sixth grade up, and the Board stated that "undoubtedly a part of the course is given over to instruction along the lines which you indicate. In New Haven the city employs a dean of women who advises the high school girls."

In Utah a course in biology in which sex facts are given is required in the high schools. In most of the high schools of Utah, special physiology classes for the boys and girls meet separately and sex facts are given. As there is a lack of well-qualified teachers, the Utah Department does not think it advisable to give sex education as a separate course. In some cases it is given by the instructor in physical education, in biology, or by the school nurse or physician. There has been established in the Department of Education in Utah a division of health education. This division is waiting for material on proper instruction and approach to this subject that will warrant recommending it to the Department of Education. In California a program is being inaugurated for teaching hygienic standards, which will include the subject of sex education. Alabama, Florida, and North Carolina are at present considering this work.

The District of Columbia, Colorado, Rhode Island, and Maine leave the decision in regard to giving sex education with local authorities. Maine has a remarkable provision if the local authorities can be aroused to coöperate. The elementary course of

study suggests that in the seventh grade, with the approval of the superintendent of schools, children may be given some knowledge of sex matters under the topic "The Next Generation." When one stops to think that approximately nineteen twentieths of the children never go to high school or to other advanced branches of education, the imperative need of reaching them before they leave grammar school is felt.

The territories do not appear in Map III. In Alaska, the Canal Zone, and Porto Rico nothing is being done. In Hawaii, the work is left to the initiative of principals and teachers. The work that is being carried out in this way is through nature study, and in certain schools lectures are given by the school nurse or the physicians. In the Philippines work is given in physiology, hygiene, and sanitation. No definite time is devoted to sex, the work being incidentally included. "Physical education, athletics, physiology, hygiene and sanitation are stressed in our courses, both elementary and secondary."

This in brief, is what those entrusted with the education of the children of our United States are planning and doing to help them in some of the greatest problems of life. Plenty of the three "R's" and the chain of other ordinary subjects are being given. Little physical education, little knowledge of their own bodies, the proper care of which will increase the wealth of the nation, is being taught, but much, much more than was taught when our mothers went to school. The way is being opened for a bright future for the children to come.

THE WORK BEING DONE IN OTHER COUNTRIES

In order to obtain some information as to the status of sex education abroad, I wrote, at the suggestion of Dr. Evangeline Young, to the corresponding members of the Medical Women's International Association in Argentine, Canada, China, England, France, Holland, Italy, Japan, Norway, Scotland, Serbia, Sweden, Switzerland, and Uruguay. So far, I have heard from Serbia, Sweden, England, and Canada.

Dr. Radmila Lazerevitch has written to Serbia for more recent material. Dr. Grace Ritchie England, of Canada, told me that

as far as she knew, no organized sex instruction was being given in the schools of Quebec. The text-book in anatomy and physiology used in the Protestant schools contains no reference to sex or the reproductive system. She has lectured to special groups for several years on this subject. In 1909, Dr. Rosalie Slaughter Morton, by lecturing, gave great incentive to the movement in Canada, but although the National Council of Women, under the leadership of Mrs. N. C. Smilie, worked consistently, it took the war to make the people realize the true nature of this work. They have looked to Australia and America as the foremost in the movement. So far, "sex education is not officially taught in Canada—either in teacher-training colleges or in academies or high schools. The courses in hygiene do not touch on the processes of life, yet much sex education has been given by voluntary bodies since 1914. Sex prudery is of course quite common, but much less so than in 1914." Mrs. Smilie writes further that whether or not the educational bodies will have compulsory training is still being discussed, education and public health being provincial matters.

The English situation is much in advance of this, although Miss Norah March writes that "in many ways we are behind America." Their Board of Education, which is an administrative body, has recently issued a new Hygiene Syllabus and in the foreword says:

Similarly, instruction in sex hygiene is left to the discretion of each individual college. The Board, however, suggests that it should be included, but the manner of dealing with it must necessarily depend upon the qualifications of any lecturer available. The presence on the staff of a medical man or woman dealing with the whole or part of the syllabus would no doubt materially influence the course adopted in regard to this subject. The Board is satisfied that detailed teaching of sex hygiene is inappropriate in the public elementary schools; still less appropriate is any direct reference to the cause and prevention of venereal disease. On the other hand, much may be done in the training college to give the students wise advice and direction on both subjects.²

² Regulations for the training of teachers, Hygiene Syllabus, London, 1919.

Miss March says, "This recommendation is not embodied in the general sections of the syllabus because the various sections are actual subject matter for examination purposes, and it would be inadvisable in the present state of public opinion in this country to include that subject in an examination paper." There are also comparatively few people prepared to teach it. Most of the social-hygiene work being done in England, as elsewhere, is in regard to the venereal diseases.

From Sweden I received a most progressive reply from Dr. Alma Sundquist. She says, "*Now* most people seem to be convinced that sex matters ought not to be excluded from education either in school or at home, and parents of the educated classes generally tell their children nothing but truth about their origin. In several private schools sexual hygiene has been taught as a part of general hygiene and biology and this teaching is considered to have been successful. A law of 1918 concerning venereal diseases provides for public information on these diseases. To that end the government has appointed a commission, of which I am a member." She thinks the work of the commission will be ready shortly. They are planning for compulsory sex education for children of fifteen to sixteen years in their biology work, and as these courses are to be given by teachers rather than physicians, sex matters will have to be taught in colleges and training schools.

In such ways are England, Canada, and Sweden planning to help young people solve the problems of sex. England has made a big step in the suggestion of the Board of Education. We may only hope that it will soon be more than a suggestion. Canada is still working hard against public opposition which, it would seem, is gradually disappearing. Sweden seems to be the most favorable ground, and the report of their commission ought to be a help to all of us.

SUMMARY

Here in the United States a wonderful opportunity presents itself for the advancement of public sex education. Much is being done to fight the venereal diseases, but the positive educational side needs to have more effort expended in a more organized way.

The returns from 65 per cent of the normal schools in the United States show that 75 per cent are doing some work and that 92 per cent of the principals think that work should be given. The opposition seems at least in some cases to be due to wrong interpretations of the work. Our boards of education have done comparatively little, though three states are giving some organized work and five states are considering more. New England educators, as represented by normal school principals, are more opposed to than in favor of this work. The rest of the United States is more in favor than opposed, the degree varying. The western states favor it most; the southern states in a slighter degree than the central and middle Atlantic states.

That sex education will be organized is inevitable. Why delay it for years, when with a thorough study of a method of instruction it might be introduced into the curriculum of our training schools? With the teachers prepared in this work, the boards of education could consider more seriously the question of sex education in the public and high schools. In the meantime, there is need for the training of teachers in the subject and the extensive education of the public to the need of sex instruction.

A PSYCHOLOGICAL STUDY OF MOTION PICTURES IN RELATION TO VENEREAL DISEASE CAMPAIGNS

KARL S. LASHLEY, PH. D.

and

JOHN B. WATSON, PH. D.

From the Psychological Laboratory of the Johns Hopkins University

Editors' Note.—The complete manuscript of the accompanying report by Drs. Lashley and Watson is too long for publication in SOCIAL HYGIENE. It was therefore deemed advisable to publish in whole only the following chapters:

I. Introduction.

V. A Consideration of Criticisms of the Pictures.

VI. Practical Application of the Data Obtained.

VII. General Summary.

The remaining chapters are entitled respectively:

II. Informational Effects of the Picture, "Fit to Win."

III. Emotional Effects of the Picture.

IV. The Influence of the Picture upon Sexual Behavior and upon Public Opinion.

These chapters, containing the bulk of the report and the statistical data obtained, are here given only in brief summaries. The entire report is being published in monograph form, and persons interested may obtain further information by addressing the American Social Hygiene Association, 105 West Fortieth Street, New York City.

I. INTRODUCTION

In the early summer of 1919 the United States Interdepartmental Social Hygiene Board made a grant of \$6,600 to the Psychological Laboratory of the Johns Hopkins University for the purpose of assisting the laboratory in "investigating the informational and educative effect upon the public of certain motion-picture films used in various campaigns for the control, repression, and elimination of venereal diseases." At the time the grant was

made, Dr. Thomas A. Storey, executive secretary of the Board, suggested that the work should be carried out under the general supervision of an advisory board approved by the United States Interdepartmental Social Hygiene Board. Dr. Adolf Meyer, Dr. Shepherd I. Franz, and Professor Robert S. Woodworth were asked to serve in this capacity, and the experimental work has been carried out by the writers in consultation and with the approval of this Board.

The American Social Hygiene Association has given to the writers its full coöperation in the work, supplying films and literature and assisting in the organization of groups for study. They are especially indebted to Mr. Paul Popenoe and Dr. H. E. Kleinschmidt for various criticisms and suggestions as to problems and methods.

They wish also to express their thanks to the many other individuals and organizations who have aided in the work; in particular to the medical officers at Camp Holabird, to the Maryland state and county authorities, and to the physicians and social workers in the various towns where experiments were carried out.

Statement of the Problem

The problem with which the experiments reported here deal is that of the informational and educational effects of certain motion-picture films used as propaganda in venereal disease control. Popular education in sex hygiene aims toward two educational goals: first, it seeks to increase popular knowledge concerning the facts of sexual physiology and psychology with a view to equipping the public for better methods of controlling venereal diseases and other sexual ills; second, it seeks to arouse an emotional attitude in the public which will stimulate real application of the information assimilated, since it is doubtful if any amount of information without accompanying emotional factors will lead to any significant changes in behavior.

The need of information and emotional training for the public is universally recognized, but what shall be taught and what emotions shall be aroused are questions which at present depend for their answer more upon the emotional reactions and traditions

of the educators than upon any scientific data concerning the effects upon behavior of various methods and degrees of education. Our problem has been primarily the determination of the effects of the pictures already in use, the amount of information that they can give, the emotions that they arouse, and the transitory and permanent effects which they produce upon the behavior of those who see them, but it is not possible to segregate this problem from the more general ones of the effects of all sex-hygiene propaganda. Whether a man learns from a lecture, a book, or a picture that venereal diseases are caused solely by microörganisms, the question of the value to him of that information remains the same, and unless it can be demonstrated that the information in some way modifies his behavior toward the control of disease he can scarcely be said to have grasped the facts. For the educational aspects of the pictures, as for all other problems of education, the question is ultimately that of the social effects of the material presented; its efficiency in preparing the individual to fit into the social system with as little friction and as few personal conflicts as possible. We have sought, therefore, to determine not only the informational value of the pictures and the immediate emotional effects which they produce, but also their efficiency in instigating permanent modifications of behavior and the probable social effects of such permanent modifications. For the last purpose we have gathered data concerning the prevailing sentiment of psychiatrists and other medical men who are at the present time in the best position to judge the social effects of various types of sexual reaction. This work has been recorded in a separate publication,¹ the chief conclusions of which are reviewed in Section IV in their relation to the interpretation of the educational effects of the film.

For the determination of the effects of the picture upon behavior we have sought to follow up the sexual behavior of various groups for periods of from six weeks to three months following the showing of the films, gathering data upon prophylaxis, venereal-disease incidence rate, general popular interest in sexual matters,

¹ *Mental Hygiene*, October, 1920, vol. iv, no. 4, pp. 769-847.

possible serious emotional disturbances, and general popular reaction to the pictures. This data is presented in Section IV.

The motion picture within the last few years has come to reach a wider audience than any other educational agent, with the exception of the press and public schools. It is still largely recreational in character, however, and its possibilities for educational propaganda have yet to be exploited. One finds discussion in popular and educational writings of the merits of the motion picture as an educational agent, but this discussion seems to be based chiefly upon vague and dubious psychological notions that visual presentation is superior to auditory, that the interest of movement will be effective in fixing the material presented in memory where less vivid presentations might fail, speculations which have at present no factual support. They fail to take into consideration the passive attitude taken by the subjects in viewing the pictures, the seeking of the theater for amusement, and the trifling character of the material which the public has been educated to expect from moving pictures. The investigation of the educational effects of sex-hygiene pictures should give rather valuable data, therefore, upon the real educational value of the motion pictures in general as compared with other educational methods. The exact amount of material presented may be measured and the percentage of this actually acquired by the audiences under different conditions of presentation may be determined. We have measured the information of the audiences before the pictures were shown and after the performance, and compared the results, checking the data gained from questionnaires by personal interviews.

Material for Study

The need for control of venereal disease during the war led to the first serious attempt to develop motion pictures for popular education in the field of sex hygiene. Two pictures were produced and shown to men in army camps throughout this country and France. Later other films were developed for women.

More recently an attempt was made to utilize the pictures developed for army use with civilian audiences, but this met with

opposition and the support of the government was, therefore, temporarily withdrawn. The films prepared for military use were "Fit to Fight," later modified and renamed "Fit to Win," "The Men's Lecture Film," and "The End of the Road" for women. A number of other pictures have been developed primarily for civilian use. The following is a list of sex-hygiene films, which was prepared and published by the American Social Hygiene Association.² Many of these were produced purely for commercial purposes, and being of varying merit, do not bear the endorsement of the Association.

<i>Title</i>	<i>Description</i>
And the Children Pay	The need of sex education in childhood.
Birth—The Duties of Motherhood	Delivery and care of the child.
Cleared for Action	Navy film.
Damaged Goods	Modified version of Brieux's play.
The End of the Road	Women's film emphasizing the need for instruction in childhood and the effects of venereal disease.
Fit to Win	Described below.
How Life Begins	The evolution of reproduction.
Know Thy Husband ("Some Wild Oats")	Emphasizing the need for sex instruction in childhood and the effects of venereal disease.
Open Your Eyes	Directed against the venereal-disease quack.
The Scarlet Trail	Directed against the venereal disease quack.
The Solitary Sin	Effects of venereal disease and masturbation.
The Spreading Evil	Effects of venereal disease.
Venereal Diseases—Their Origin and Results (Men's Lecture Film)	Diagrams and photographs of cases. For use with male audiences in conjunction with a lecture. A similar film has been prepared for women.

² *Social Hygiene Bulletin*, November, 1919, vol. vi, no. 11, p. 11.

The military campaign against venereal diseases involved a simultaneous employment of a number of agencies, legal, educational, recreational, and medical, with results which, as a whole, were successful. But it was not possible from analysis of the results to determine the relative parts played by the different methods. This is therefore practically an initial attempt at measuring and evaluating on a large scale the effects of any picture, and since methods had to be worked out and tested, with accompanying waste of considerable time upon unprofitable methods, it seemed best to concentrate the investigation upon one film rather than attempt a more superficial analysis of several. "Fit to Win," in the revision adopted for civilian performances, was selected as the subject of study. It offers certain advantages over the others for this purpose, although in turn it omits important features which occur, for example, in the "Men's Lecture Film." In the first place, it seeks to impart both information and a definite emotional attitude; second, it employs dramatic methods for emphasizing some educational features and yet contains a certain amount of data presented without pictorial illustration; third, it is so organized that it may be used without any accompanying lecturer and without verbal introduction of any sort; fourth, it is perhaps the most direct in its method of presentation of any film in use, giving venereal-disease data, advice on continence, prophylaxis, etc., without verbal or literary euphemisms.

Finally, it seems provocative of most of the criticisms which have been urged against sex-hygiene films in general. It emphasizes both the danger of disease and the value of prophylaxis, without stressing the moral aspects of the problem. The interest of the picture centers largely in questions of venereal exposure and infection, with little dramatic interest or plot aside from this. The language of the legends is frequently crude, and the scenes dealing with street soliciting and the bawdy-house are open to the charge of pornography.

The study of the picture should, therefore, reveal most of the bad effects with which this and the various other sex hygiene films have been charged. In the clearness of its presentation of the

causes and effects of venereal infection the film is inferior to others which have been produced, but these in turn lack the dramatic treatment of "Fit to Win" and are less typical of the majority of films produced.

The general outline of "Fit to Win" is in brief as follows:

The first thousand feet of the picture are devoted to the showing of lesions resulting from venereal disease by photographs of cases and explanatory legends. A story is then introduced. It deals with five young men of diverse education and traditions. They are shown first in civilian environment, then as drafted and in training. On leave they are approached by bootleggers and prostitutes. One, Billy Hale, influenced by the memory of his sweetheart, resists temptation. The others are exposed to venereal disease. Of the latter, one, Kid McCarthy, resorts to medical prophylaxis promptly and escapes infection. The others are infected.

Kid McCarthy accuses Billy Hale of being a "mollycoddle," and a fight ensues in which Kid is worsted. He admits himself beaten and at Billy's instigation reforms. These two are then held up as examples of physical fitness and are selected for service abroad. The other three, infected, are disqualified for foreign service. One, infected with gonorrhea, is discharged, and the others, infected with syphilis, are sent to the hospital for treatment.

This ends the original film of "Fit to Fight," which forms, in itself, a complete picture. Under some conditions, owing to limitations of time at our disposal, we have used only this much of the film. We believe that this is justified, first, because it permits of more adequate replies to the questionnaires which have been used in study, and, second, because the remaining parts of the film as revised for civilian use contain very few new facts concerning venereal disease and have relatively slight dramatic interest.

The remaining reels were constructed after the signing of the armistice and added as an epilogue to the original picture. Billy is shown returning from France as a Captain. Kid McCarthy has been killed, after citation for bravery in action. The youth

afflicted with gonorrheal arthritis is shown at home, his father heartbroken over his infection, his mother ignorant of its cause. Billy carries Kid McCarthy's medal for bravery to McCarthy's sweetheart. He then meets and sympathizes with the men afflicted with syphilis, telling them that they are now probably completely cured. He then bids farewell to his company, advising them to be wary of prostitutes and to keep morally clean in civilian life. After purchasing a civilian outfit, he visits his sweetheart, and in the final scene they are shown at the altar.

The lessons which the film seeks to teach are the following:

1. That continence is in no way injurious to health, but that the continent man is physically superior to the incontinent. This is brought out in three principal scenes: first, the leading man as a private is shown talking to a group of other soldiers and emphasizing the point that continence is not harmful but that incontinence leads to the risk of venereal disease. This scene consumes 43 seconds; second, a scene dealing with this topic shows a fight between the leading man and a pugilist whose incontinence is emphasized and who is badly worsted in the encounter; third, a scene bearing somewhat upon the point shows the principal characters at the end of a long hike, the leading man and the pugilist, now reformed, being unfatigued and fit at the end of the day, while other characters, infected with venereal disease, are completely exhausted. The total time devoted to scenes dealing with continence is 453 seconds.

2. That seminal emissions are not harmful unless occurring more frequently than twice a week. Seventy-five seconds are devoted to this topic with legends and fairly dramatic scenes.

3. That venereal diseases are very serious and may lead to total disability unless given careful and long-continued treatment. One hundred and twenty-eight seconds are devoted to pictures of cases of gonorrheal arthritis and of children blind as the result of gonorrheal infection; 160 seconds are devoted to pictures of syphilitic ulcers and scars; 100 seconds to nervous disorders resulting from syphilis. A number of scenes show some of the principal characters incapacitated by venereal infection. A total of 220 seconds is devoted to these scenes, making a total of 608 seconds

of data bearing on the seriousness of venereal diseases. The cases presented are realistic and impressive. The scenes dealing with infected characters are dramatic owing to the disappointment shown by the characters at being unable to go to the front.

4. That venereal diseases are the result of infection by micro-organisms. Thirty seconds are devoted to micro-photographs of gonococci. These photographs are not very clear and the legends merely state that they are the germs which cause gonorrhea. Sixty-five seconds are devoted to micro-photographs of spirochetes and scenes showing preparation of smears. The photographs are excellent but the legends merely state that the spirochetes are the germs of syphilis.

5. That syphilis is communicable by contact or by the use of toilet articles of an infected person. A lip chancre resulting from an infection from a razor is shown for about 60 seconds. Three scenes show the infection of one of the characters, an unsophisticated country boy, by a kiss from a prostitute. These scenes consume 131 seconds and are dramatic throughout.

6. That the use of prophylaxis, after exposure, is advisable, but that it must be used promptly and carefully in order to be effective. One hundred and fifty seconds are devoted to this topic. The original edition of the film contained a full illustration of the administration of prophylaxis. This, however, was eliminated from the civilian edition, and the character and administration of prophylaxis are explained by legends, without detail.

7. That both gonorrhea and syphilis require persistent and long-continued treatment. This is brought out in the discharge of one character for disability incurred while not in line of duty, with the statement by the medical officer that the government has not time to bother with the prolonged course of treatment which would be necessary to cure him, and by the fact that the characters infected with syphilis are kept in the base hospital for the duration of the war.

8. That the government maintains recreation rooms for soldiers and that various forms of wholesome recreation may serve as a substitute for the bawdy-house. About 100 seconds are de-

voted to these scenes which are rather badly taken and without dramatic interest.

9. That venereal infections constitute a serious loss to the government and a severe handicap in the prosecution of the war. This is given by legends only, consuming about 60 seconds.

10. That doctors advertising quick cures of venereal diseases are unreliable. This point is not clearly brought out.

In addition to these informational parts of the picture, a number of emotional appeals for continence are made.

1. The sweethearts of two of the characters are shown and their influence in keeping the men continent is brought out. Two hundred and seventy-five seconds are devoted to these scenes, which, however, are of rather slight dramatic interest.

2. The appeal is made to the men to remain continent in order to keep physically fit to fight. The greater part of the picture bears directly upon this subject. The leading man is shown as an athlete who, presumably as a result of continence, conquers the pugilist in the early part of the picture, wins general leadership among the men and promotion to the rank of captain. Those characters who are continent or who properly use prophylaxis and escape venereal infection are shown setting out for France and their exultation is contrasted with the disappointment of the infected men left behind in the base hospital. The appeal of this subject is primarily to patriotism, but a still stronger motive is touched upon in a number of scenes.

3. The infected men are shown in strong contrast to the "fit" in a way that will probably touch the inferiority complex of the majority of men who see the picture. The desire to be superior, to gain leadership and promotion, to be hailed as a hero, or to avoid the shame of the infected men is played upon in some of the most dramatic scenes in the picture.

4. Appeal is made to parental and filial affection in a number of scenes. A country boy is shown saying farewell to his parents and receiving from his father brief and poorly expressed advice against prostitutes. Later cut-ins repeat and emphasize this scene. The part of this character throughout the picture is also such as to inspire sympathy and protective attitudes on the part

of the audience. Scenes dealing with blind children also make a strong emotional appeal to sympathy for the innocently infected. In the final scenes of the revised version one of the characters suffering from gonorrheal arthritis is shown at home. His father, who knows the nature of his infection, is shown as heart-broken, while his mother, who is ignorant of the character of the disease, is resentful that her son has not received recognition for his services.

5. Many of the scenes are calculated to arouse fear of infection. Those showing active cases and infection by contact are especially vivid. The illustrations of ulcers and the like may also arouse other emotional reactions.

In addition to these emotions which the film is intended to arouse there is a possibility that it may produce any one of a number of harmful reactions.

Fear of infection may develop as a phobia which will interfere with necessary social adjustments. The picture may arouse an excessive interest and curiosity concerning sex matters and so defeat its own purpose. There is also the possibility that the attitude taken by the men in the picture toward prostitutes and the level of masculine ideals presented may serve to arouse in women an antagonism toward men in general. Finally, the picture may offend the esthetic or religious traditions of the audience and so lead both to antagonism toward the film and toward sex education in general.

An important part of our problem has been the accumulation of data bearing upon these questions. This has been done partly by questionnaires but chiefly by field work in towns where the picture was shown.

Methods of Investigation

The problems which are presented by sex education through motion pictures fall experimentally into three parts, which are closely related but which require somewhat different methods for solution. There are the informational value of the pictures, the emotional reactions aroused by them, which again may be subdivided into the attitude toward sex matters and the attitude toward the film, and finally their effects upon sexual behavior.

For the study of the informational value of the picture we have employed chiefly the questionnaire method. Where possible, the audience was required before the picture was shown, to write out answers to a number of questions dealing with information concerning venereal diseases. The picture was then projected and when it was finished the audience was again asked to fill out duplicate questions. Owing to the length of the picture it was not possible to use the preliminary questionnaire with the majority of the audiences. We have therefore used the average level of information from those obtained as a standard by which to judge the effects of the picture upon all of the audiences studied.

The use of the questionnaire method for a study of this type is open to a number of serious objections. The most important of these is the fact that it exercises a selection among the members of the audience. Illiterates are, of course, ruled out from the first. It may be also that only those who already have a serious attitude toward sex problems will trouble to answer the questions and that the large group who do not take the lesson of the picture seriously or who are accustomed to a frivolous attitude on sex matters will fail to return their questionnaires. Finally, those who are seriously emotionally disturbed by the picture or whose sexual inhibitions prevent them from employing language necessary for answering such questions as those asking the causes of venereal disease will be prevented from coöperating by the emotional storm which is aroused by the picture.

We have sought to control some of these possible sources of error through personal interviews. Contact was made with about 75 men of various professions and degrees of education, and they were questioned closely as to their knowledge of venereal diseases and other sex matters. Their replies are available as a check on other information and the emotional attitude of the other groups dealt with by the questionnaire method. In general the difference which appears in the results of personal interviews and of the written questionnaires is slight and seems to justify considerable confidence in the validity of the conclusion reached by the questionnaire method. We have, moreover, a check upon the question of the elimination of those who do not take the film seriously in

the internal evidence from the questionnaires themselves, from the data upon the proportion of the men who filled out the questionnaires, and from observation upon behavior of the audiences while writing the answers. Thus, in the group of soldiers studied, 63 per cent of the audience returned questionnaires. Fully 20 per cent of the men were illiterate or had too limited a knowledge of English to handle the questions. Five per cent were engaged in distributing the material and other duties arising from the experiment. This leaves only a probable 12 per cent of the men who failed to answer the questions for no known reason. It is very probable that carelessness was the chief reason for their failure to reply. We must, therefore, make allowance for this group in considering the effects of the picture. Their inclusion, if it had been possible, would perhaps have influenced the data upon the emotional effects of the picture but it is doubtful whether the information acquired by this group differed essentially from that of the others. As to the question of emotional shock during the picture, it is most apt to arise in the case of audiences of women. From two groups, one made up altogether of women, the other of men and women in about equal numbers, replies to the questionnaires were obtained from practically every member of the audience. The average of these replies does not differ significantly from those obtained from a small proportion of the women in the mixed audience. It seems unlikely then that the selection error reduces the validity of the results which we have obtained by the questionnaire method to any great extent.

For the determination of the emotional effects of the picture we have likewise used the questionnaire method to get at the immediate emotional reaction of the audience. Observations upon the behavior of the audiences also furnish important data here, although some of our data indicate that there is little possibility of determining the later emotional attitude of the audience from their immediate reactions. The most important data upon the emotional effects of the picture, both as regards the attitude toward sex matters and the attitude toward the educational campaign conducted in this way, has been obtained by keeping track

of members of the audiences and interviewing them later, either personally or with the aid of some social worker.

The most important of the problems centered around the film is that of its influence upon the sexual behavior of those who have seen it, and this is likewise the most difficult about which to gain information. We have been able to attack this problem only indirectly. Since there was little hope from the first of gaining any direct knowledge of changes in sexual behavior from members of the audiences, questions were used after the performance which were intended to bring out the individual's own attitude toward changes in his sexual behavior. These inquired both what effect the individual believed the picture would have upon others and what effect it would have upon himself. These questions were inserted because it seemed probable that the subject would be more apt to project his own emotional attitude to others than to express it definitely concerning himself if it seemed to him likely to be objectionable to the experimenters or in conflict with social dicta.

In addition to the use of the questionnaire method we have attempted to follow up the effects of the picture through the coöperation of social workers, physicians, and others in several towns in which the films were exhibited and also in the military camp where the largest audience was obtained. The results of this study are summarized in Section IV.

Groups Studied

To test the effects of the picture upon a number of individuals differing widely in education, social traditions, and economic standards, the groups listed below were assembled.

Medical Group. About 40 physicians, nurses, and other members of the staff of a large hospital were invited to attend the showing of the picture. No questionnaire was used with them, but at the end of the performance voluntary expression of opinion was requested. This led to rather a lively discussion which brought out chiefly the emotional reaction of the audience to the picture.

Executive and Clerical Group. The picture was shown to 45 members of an extension course in applied psychology made up

of men and women engaged for the most part in executive business work. They were asked to fill out a questionnaire after the performance, the preliminary questionnaire not being used. Forty-five replies to the questionnaires were obtained.

Literary Club Group. This audience consisted of about 60 mature women, belonging to a social and literary club in Pennsylvania city of about 25,000 population. Discussion of the picture was obtained from the group, and 53 questionnaires were returned. It has been possible to follow up the effects of the picture with this group to a limited extent through personal acquaintance with some of the members.

Mixed Audience. In order to test out the effects of the picture under the severest conditions of commercial use, we undertook a public presentation without any restriction upon the character of the audience. A free performance of the picture was advertised in a village of 3,000 inhabitants in middle Pennsylvania, with no further indication of its character than that it was an educational film dealing with sex hygiene. The audience, about 250 in number, consisted of about equal numbers of both sexes. Fully half were boys and girls below the age of seventeen. Data were obtained concerning the behavior of the audience during the performance and concerning the after-effects of the picture in the town through the coöperation of persons interested in social conditions there. Eighty-seven questionnaires were returned.

Car Men Group. Arrangements were made for an audience of employees, mostly motormen and conductors of a large street railway company in New York City. Between 350 and 400 men attended. Unfortunately, at the close of the showing of the picture, the company physician, of whose presence we were ignorant, arose and delivered a twenty-minute address to the men, contradicting a great many statements made in the picture and advising the men that venereal diseases were not particularly serious and that if they would come promptly to him for treatment he would guarantee that they would have no trouble. This incident reduced the validity of the results obtained in the car men group to an unmeasurable extent. However, 147 questionnaires were returned by the men, and as a majority of these were filled out dur-

ing the physician's lecture, it is probable that attention to them prevented his remarks from greatly influencing the results.

Merchant Sailor Group. Through the courtesy of the officials of the Seamen's Church Institute of New York City, we obtained an audience of between 450 and 500 sailors at the Church Institute. Some of these were officers, but the majority were ordinary seamen. We obtained 134 questionnaires from them and notes on interviews from a considerable number who remained after the performance to discuss sexual questions in which they were interested.

Soldier Group. The picture was shown to about 1200 men in an army training camp. The majority of these men were recently enlisted, though some few regulars were included. A large percentage of them were foreigners or illiterates, and many of the questionnaires which they returned showed language difficulty. The men were ordered up and remained under military discipline throughout the performance. Seven hundred and sixty-four questionnaires were returned. It was possible to follow up the venereal-disease and prophylactic records of this group and compare them with records of the same group preceding the performance.

In addition to these groups from whom an attempt was made to get data during or immediately following the performances, we carried out two experiments the object of which was to reach as many of the inhabitants of two towns as possible. As originally planned it was intended to employ diverse films or methods of presenting the films with audiences in two towns and to follow up the effects in both towns with a view to determining the relative merits of the different methods. This later proved impracticable but accounts in part for the methods employed. For the purpose two towns of about 8,000 population each on the eastern shore of Maryland were selected. They were quite similar in character of population; both were rather isolated from large cities and dependent chiefly upon fishing industries. The populations of these towns are reputed to be ultra-conservative and should therefore constitute a fairly severe test of the possibility that the picture may arouse antagonism. Four performances were given in each

town, one each to men and women, white and colored. "Fit to Win" was used for the men and "The End of the Road" for the women. In the two towns 730 white men, 920 white women, 208 Negro men, and 450 Negro women were reached. The showing of the pictures was followed by study of their effects through interviews with ministers, physicians, social workers, and others who were able to keep in touch with members of the audiences.

We have tried also to measure the residual effects of the pictures by sending out a questionnaire, to individuals who saw them, at an interval of from three to five months after the performance. Questionnaires have been returned from the Executive and Clerical Group, the Mixed Audience, and the Eastern Shore Groups last described. They are discussed in Section II.

We wished to make tests upon men engaged in educational work, upon mill workers, upon shop girls, and upon school children of public- and high-school ages. Preliminary arrangements were made to exhibit the pictures at the annual meeting of the National Educational Association, but owing to a change in their program at the last moment this was prevented. Attempts to gain coöperation for the organization of the other audiences have met with some opposition, and we have not been able to carry out experiments upon them. As regards the mill workers, the Car Men Group probably is equivalent, both in educational level and social traditions upon sex matters. The lack of data upon the other groups is a real defect in our investigation which we have been unable to remedy.

In the various experiments the picture has been shown to between 4800 and 5000 persons. Twelve hundred and thirty questionnaires were obtained and subjected to statistical analysis. The after-effects of the picture have been followed up by the method of interviews in three towns where they were shown to about 20 per cent of the population, and by actual venereal-disease and prophylactic statistics in the military camp. The groups studied range in education from the thoroughly informed medical and executive groups to the illiterates. It seems, therefore, that the data obtained may be looked upon as a fair sample of the effects which the picture might produce in any community.

•

II. SUMMARY OF INFORMATIONAL EFFECTS

The majority of the answers to the questionnaires indicate that the subjects gained general impressions rather than accurate knowledge of details. That there is great danger of venereal infection from prostitutes, that venereal disease may be communicated by contact with diseased persons or their property, that venereal diseases are serious, that continence is not harmful, that prophylaxis is not always effective, that a physician's certificate does not assure that an individual is free from disease, were the chief lessons learned. The distinction between gonorrhea and syphilis, the bacterial origin of venereal diseases, the specific effects of infection, etc., were less effectively taught.

However, even specific points were acquired by a relatively large number. Reviewing the answers reported in this section we find that an average of 70 per cent of the people who saw the picture had after the performance a fairly detailed and accurate knowledge of the points made (correct answers were given regarding serious effects of prenatal syphilis, for example). Comparing this information with that held before the performance it appears that an average of 28 per cent of the audience acquired new specific information concerning each point made by the picture, the remaining 42 per cent having had the information beforehand. From this it appears that an average of 48 per cent of those uninformed before seeing the picture, acquired accurate information concerning each point made.

These figures do not take into account inaccurate information which will serve the purpose of the picture as well as accurate. The belief that syphilis gives rise to "leprosy" may be as effective a deterrent as that it results in paresis. The reply that the effects of gonorrhea are "terrible" may indicate that the subject was more effectively impressed by the picture than would an accurate description of lesions. If we include answers showing some general idea of the facts without evidence of accurate information, the data show that 89 per cent of the audience have a general impression of the communicability, seriousness of venereal diseases, etc.

Finally, if the numbers who claim to be ignorant are averaged, 26.2 per cent are found to claim ignorance before the performance, 10.1 per cent afterward; a decrease of 60 per cent in those claiming complete ignorance of special points.

There is no standard to which we can refer these data, since there exist no published accounts of the informational value of lectures or other methods of presentation. From our own experience with class and lecture work, however, we believe that the results speak very well for the effectiveness of the film in bringing home the lesson which it was designed to teach.

The analysis given in this section was designed primarily to determine quantitatively the informational effects of the picture. No mention has been made of the emotional bearing of the material presented or of its probable effects upon behavior. A picture which strives for so many different effects as this one seems to do cannot be expected to bring out all with equal clearness. There is no doubt that it succeeds in impressing the information which its authors consider most important. But whether or not their choice of material was justifiable is a problem which can be decided only by studies of the effects of the picture upon the sexual behavior or by the evaluation of the instruction in the light of the experience of those whose profession has brought them in intimate contact with individuals having diverse sexual traditions and training. The immediate emotional reactions of the subjects contribute material for evaluation of the data presented, and our data on this topic are summarized in the following section.

III. SUMMARY OF EMOTIONAL EFFECTS OF "FIT TO WIN"

The chief emotions aroused immediately by the film are horror at the pictured effects of venereal diseases and fear of infection. Neither of these is very strong, however, and there is no indication that they ever reach pathological intensity. They seem quite effective in inspiring a resolution to avoid exposure and a desire for a general improvement of hygienic conditions. The fear of infection is the chief motivating agent to which the film appeals. The other possible incentives to continence which are touched upon in the film are given too brief space or too little dramatic

value to impress any great number of men. An analysis of their retention in relation to the time devoted to them in the film indicated that the appeal of sympathy for the innocently infected is greater than that of fear of disease and that admiration for the strength of character which can resist temptation may be an almost equally strong motive.

The picture does not produce any sexual excitement in the great majority of the men. The replies to the questionnaires, comments of the audience, and data gained from interviews with men after the performance all indicate that there is a temporary inhibition of sex impulses.

No general sex antagonism seems to be aroused either in men or women. The majority of both take the attitude that they would have no greater hesitancy in marrying than before they saw the picture, although they would take greater precautions to guard against venereal disease.

We have found no evidence that, when used with audiences of one sex only, the film produces any objectionable shock in either men or women, nor have persistent inquiries at various periods up to three months after the showing of the films given any indication that morbid emotional reactions are aroused.

Where the picture is shown to a mixed audience its disturbing effects are much greater. In particular such performances seem liable to lead to a relaxing of sex inhibitions in the younger members of the audience and to flippant and suggestive discussion of the picture. Where the sexes do not mingle immediately after the performances there is no indication that anything of this sort occurs.

The attitude of both men and women toward the picture is almost without exception one of approval. Very few of either sex showed any resentment at the content of the film. Without exception the women expressed the opinion that the film might be shown to young girls without harm, and very few suggested any revision of it for this purpose. In contrast to this, the majority of the men objected to the showing of the film to women.

In general the persistent emotional effects of the picture are slight. Members of the audience are aroused temporarily but.

as is true of all educational measures that are not followed up continuously, interest quickly dies out, and as our studies indicate, the effects of the film upon subsequent behavior are too slight to be detected.

IV. SUMMARY OF THE BEHAVIOR EFFECTS OF THE PICTURE

The evidence obtained from these observations and experiments indicates that the picture has extremely little effect upon the sexual behavior of the men who see it. A few, who are suffering from venereal infection or who are uncertain concerning the cure of past infections, report for examination soon after the picture is shown. These numbered 19 from audiences of men numbering about 1860, or a little more than one per cent. Such evidence as has been obtainable indicates that there is no effect whatever upon continence or upon the use of prophylaxis.

The interest aroused is only temporary, and we could get no evidence that any one of the 4600 people to whom we showed the picture suffered from any harmful after-effects of the information conveyed or the emotions aroused. With the mixed audience there was indication that harmful results might develop, but later inquiries failed to reveal them.

As for the popular attitude toward the picture, it has been everywhere favorable. From each town where it was shown requests have come for further performances and our inquiries have failed to elicit adverse criticism.

Our field studies include performances which reached more than 20 per cent of the adult population in each of the towns, and verbal reports from 73 men and women in the three towns, who agreed to make inquiries among their acquaintances and to report any facts which seemed at all unfavorable to the pictures. Among these were many, the ministers for example, who were in a position to hear unfavorable criticism. The percentage of the audiences reached in this way is great enough to assure that any serious emotional disturbances or objections would have been reported. The fact that none was forthcoming seems, therefore, significant.

V. A CONSIDERATION OF CRITICISMS OF THE PICTURES

Since their first appearance, motion pictures dealing with sex hygiene have met with rather strong opposition. A history of their vicissitudes is not part of our work, but the criticisms which have been advanced against them really furnish the occasion for this investigation. The criticisms which we have collected fall into two classes: those based upon esthetic and religious attitudes, and those suggesting that the effects of the pictures are anti-social in character.

Examples of the former are: "It ("Fit to Win") denounces immorality solely because of physical ill resulting therefrom, and does not set up spiritual, intellectual, or moral standards of virtue"; ". . . the proper channels to be used in combating this evil (venereal disease) are the parents of the children, our chaplains in the army, and priests and ministers in civilian life"; in general, that the film does not make an appeal upon high moral grounds but only upon considerations of expediency. With such criticisms the present investigation has nothing to do. They are not primarily based upon the supposed effects of the pictures but upon purely sectarian concepts of morality.

The second group of criticisms has, however, a direct bearing upon the problem of the effects of the picture. They claim that the method of sex education by motion pictures is ineffective or that it will lead to specific antisocial alterations in behavior. The majority of the points made in these criticisms are open to experimental investigation, and the data presented in the preceding sections bear upon them directly.

The more important of these criticisms, with the data tending to confirm or negative them, are given below.

1. The teaching concerning prophylaxis in the film counteracts completely the lesson of continence taught by the picture, and the only lesson carried away by the majority of the audience is that "if you are careful, you do not need to be good."

The film does imply that prophylaxis, if properly used, is an effective preventive, but it also stresses the fact that it is not always effective and that continence is the only sure way of avoid-

ing venereal disease. The relative impressiveness of the treatment of the two topics is shown by the following figures. An average of 88.3 per cent of all who saw the picture stated afterward that continence is the only certain way of avoiding venereal disease. Only 5.7 per cent mentioned prophylaxis in this connection. When asked directly, 29 per cent stated that they believe medical prophylaxis to be always effective, whereas 55 per cent held this belief before they saw the picture. In listing the facts learned from the picture, eight times as many men mention avoidance of prostitutes as mention prophylaxis.

These data show that, far from teaching that prophylaxis may be substituted for continence in the avoidance of venereal disease, the film reduces faith in prophylaxis and carries the lesson of continence to the great majority of the audience.

2. The suggestion conveyed by the soliciting and bawdy-house scenes is of such character as to lead to sexual excitement. This makes the picture favor rather than militate against sex indulgence.

We have found no evidence whatever that this is true. For the men, the immediate effects are not erotic. The answers to the question, "Did the picture make you want a woman?" were emphatically negative, and the tone of all the other answers to the questionnaires bears this out in full. The comments of the audiences and such data as we have obtained from conversations with the men after performances speak conclusively against the arousal of any sexual excitement by the picture.

3. The manner in which the picture presents prostitution and other material tends to break down the sense of reserve, modesty, or shame; this may lead to open discussion of sex matters. Although the discussion may at first be serious it readily slips "through the flippant to the indecent, and the step from indecent in word to indecent in act is short."

Certain evidence bearing upon this point is difficult to obtain, for obviously it is only within intimate groups that such effects could be produced and from these the experimenters are excluded. We found reason to believe, however, that the criticism is justified when the picture is shown to mixed audiences. After the ex-

periment with the mixed audience we talked with a number of young men, loafers about the hotel lobby, and the like. They reported that the boys and girls who had seen the picture had talked together about it afterward and that flippancy and innuendo prevailed in their talk. However, later investigations in the town failed to reveal that there had been any bad after-effects of this, or that the parents felt that any serious problem had arisen.

Where the picture was shown to men and women alone there was never any suggestion of such an effect. We have received reports from men and women social workers who are in close touch with the younger people in the Maryland towns where the picture was shown, and none of them found any indication that the picture led to any discussion of sex problems between the sexes.

It appears, therefore, that the criticism is valid as concerns showing the picture to mixed audiences, especially where the members of the audience are widely acquainted with each other, but that it is not valid when the sexes are not subjected to the simultaneous emotional arousal that attends witnessing the performance together.

4. The picture, by the use of the obscene legends, shocks and offends the audience.

Where the picture was presented to men or women alone we have not met with a single case of resentment at the crudity of the legends or the candor of the scenes. To the question as to whether any parts of the picture should be eliminated for showing to women audiences, 91 per cent of the women replied in the negative. The remainder suggested changing some of the legends and omitting the bawdy-house scenes. We brought the point up for discussion after the questionnaires were completed and reached the same result by this method. Those who suggested the alterations did so without any warmth and apparently upon the ground that some one might be shocked rather than upon any strong emotional reaction of their own.

A few of the women of the Executive and Clerical Group gave evidence of offense, but they were forced to see the picture with-

out warning and in the presence of men of the same social group. Within a few days after the performance not only had their resentment passed off, but the majority of them voluntarily stated that they were glad to have had the experience and to have been forced to face the problems squarely.

The picture, thus, does not seem to be offensive to the great majority of either men or women, nor to impress them in any way as obscene.

5. The picture shows as a characteristic of the young men described in it a carelessness and lack of moral responsibility in sex matters which casts an unmerited reflection upon the decency of the average American home and of the army.

We have found no evidence that the picture was so interpreted by any member of the audiences to which we have shown it. The interest in the main thesis of the picture is so keen that few members of the audience take thought of the fact that the men presented are soldiers, nor does there seem to be any general feeling that the characters presented are typical. The attitude taken is rather that the film presents bad conditions which are by no means universal, although found only too frequently.

6. The relaxation and attitude of recreation created by the motion picture theater is, "if not sexually stimulating, at least far from inhibitive, and thus the theater is an extremely unfavorable place for the teaching of sex hygiene."

This criticism is met in part by the data which are given under criticism 3 above. As was pointed out there, the use of the picture with a mixed audience does result in a certain relaxing of sex inhibitions which presumably have ill effects, but with audiences restricted to men or women there is no evidence that anything of the sort occurs.

7. The picture depends almost altogether upon the dissemination of information concerning venereal diseases and scarcely at all upon an emotional attitude for the attainment of its aim. This is bad pedagogy, since moral education must be directed toward the modification of instincts rather than to the mere spreading of information.

As has been brought out in the chapter on the emotional effects of the picture, this criticism does not seem to be justified. Although the picture is thoroughly effective in giving accurate information concerning causes and results of venereal diseases, it is much more effective in establishing a series of fairly definite emotional attitudes toward the subject. Horror at the seriousness of venereal diseases, fear of them, and indignation at the carelessness of those who transmit them, stand out much more plainly in the reaction of the audiences than do any purely informational features.

8. The picture appeals primarily to the fear of disease and does not take into account the most important instinct of which advantage might be taken for moral education. It makes no appeal to "that deep-seated reverence of every man for a pure woman," to the parental instinct, with the desire for protection of the weak and pity for the suffering.

The data given in the section on emotional effects show that this criticism is justified. The scenes showing lesions resulting from venereal diseases are second in frequency of mention. Those making appeal to other emotions come far down the list. Admiration for the strength of will, the most effective of them, falls into seventh place, the appeal of the "sweethearts at home" reaches seventeenth place, and those involving parental feelings excite equally slight attention.

VI. PRACTICAL APPLICATIONS OF THE DATA OBTAINED

Many of the problems which arise from a study of the film are general ones of educational policy in sex-hygiene instruction, for the investigation of which the films do not contain adequate material. Such, for example, are the questions of what emotional or instinctive tendencies offer the best foundation for constructive education, the best methods of presenting and emphasizing informational material, what parts of such material it is best to emphasize. It has been possible to gain data on some specific points, however, which should be of value in planning the construction of future films as well as in judging the existing ones.

Methods of Presentation. Should pictures of the type of "Fit to Win" be shown to mixed audiences? We have been unable to discover any really serious effects resulting from such performances, but in the absence of exhaustive data certain facts suggest their inadvisability. We found that after such a performance the chief interest of the younger members of the audience was in the fact that friends of the opposite sex had been present and that there was a strong tendency toward flippant discussion and innuendo between the boys and girls. The knowledge that the others had been present seemed to be the determining factor here, and we doubt that segregation of the sexes in different parts of the theater will remedy the difficulty.

With audiences of mature men and women, this danger seemingly does not occur but the chance of embarrassment or more severe emotional disturbance in the women is much increased by the presence of men. Although we have not found evidence of any persistent bad effects of performances under these conditions it seems best to avoid them, if only because of the bad impression which they are apt to convey.

With audiences restricted to one sex, we have found no evidence of any ill effects. Many children ranging from twelve years up were included in the audiences studied and we could get no evidence that they suffered the arousal of any undue curiosity or interest. On the contrary, such data as we gained concerning them was altogether favorable, and many parents expressed regret that they had not brought their children to see the picture. Our data suggest that there is, in fact, no need of limiting the age of the audience.

We have shown the picture to audiences of men and women only and to mixed groups both with and without a verbal introduction and have not been able to detect any differences in the resultant behavior. This seems to depend solely upon the composition of the audience, and where that was controlled by limitation of sex there was never any indication that the picture needed any introduction to give the audience a serious attitude toward it.

With respect to the relative merits of commercial showings as compared with those under the auspices of local or national

educational organizations, we have been unable to gain direct evidence. The performances at the Maryland towns were somewhat comparable to commercial showings in that they were not given dignity by the approval of any local organization or influential citizens, and they did not seem the less effective on this account. There was some indication that they were attended by some who would have been repelled by any local organization and in this respect the commercial showing would seem to have an advantage over other types of performances. On the other hand, the temptation to use pornographic advertising in commercial work must not be overlooked. There is no direct evidence from the films that such advertising can change the attitude of the audience toward the picture, but a familiar illustration of such an effect is provided by the difference in the attitude of men toward burlesque and musical comedy, irrespective of the content of the show.

The Educational Material Included. In general we have not been able to find evidence for any pronounced effects of the film on sexual behavior and so are not justified in outlining any general policy as to what should or should not be included. If the desire is to convey accurate information concerning venereal diseases, our data indicate that a greater simplification of material is necessary and greater detail concerning fundamental facts must be presented. This is especially true of the facts concerning the causes of venereal disease, since the majority of the public have no adequate knowledge of bacteria. We have gained some evidence that a thorough understanding of the nature of infection is effective in producing a greater care in the use of prophylactic measures. Further, there seems to be a rather prevalent belief that bodily cleanliness is synonymous with freedom from disease, and this, combined with the belief of many men that they can select an uninfected prostitute, will be difficult to meet in any way except by giving accurate detailed information. For these reasons it seems advisable to bring out clearly the exact nature of infection to meet specifically the popular beliefs concerning the origin of disease.

Another point which our data indicate should receive more emphasis is the possibility of cure. Medical opinion favors this, and in addition we have found that "Fit to Win" arouses in many men a fear that they have not been completely cured. The majority of those who have sought medical advice after the performances were men who had been infected before and in whom there was no indication of present disease. While this is an advantage for those men who are induced to seek medical advice, unless we are assured that the film will induce the majority of such men to do so, the danger of arousing disturbing fears is a serious one.

As for the non-medical material included in the picture, the chief problem is that of the advisability of the inclusion of scenes showing soliciting and the like. The data obtained indicate that these are not sexually exciting, when joined with the rest of the picture, that they rarely excite curiosity, and that they do not prevent the lesson of continence from being brought home. On the other hand, there is evidence that they have the advantage over other possible dramatic situations in one respect. Among the men, admiration for the strength of character of the man who resisted was frequently expressed, falling into fifth place in the order of absolute effectiveness; among the women, the scenes brought home the need of sex instruction in boys in order to prepare them to resist severe temptations.

As judged by the immediate effects of the picture upon the audiences, the most objectionable parts were the two legends, "Ain't yous afraid you'll have a wet dream tonight?" and "I wouldn't touch a whore with a ten-foot pole." These raise the general question of the vocabulary to be employed in such pictures. It is true that many men fail to understand scientific names for sexual processes and that there is the danger that material expressed in technical terms will pass over their heads. On the other hand, the meaning of such scientific terms as are used in "Fit to Win" is readily grasped from the context by the men, and the use of popular terms in their answers to questionnaires was exceptional. For example, fully one third of the men interviewed in our preliminary work failed to understand the

term sexual intercourse, yet this (the term used in "Fit to Win") was also the term most frequently employed in the answers to the questionnaires. We have not found that with audiences of one sex, the use of vulgarisms produces any marked offense, but in view of the criticisms which have been made against it and the fact that the meaning of technical terms seems to be readily grasped from the context, it is perhaps advisable to avoid as far as possible the use of popular names.

The Value of Different Appeals. One of the first points with which we were impressed in our study of the picture was its failure to make any appeal whatever to well-informed men and women. Lacking the interest of new facts for them, its literary defects overshadow all else. It was attacked by them as crude, inconsistent, tedious, maudlin, and failed to hold their attention. This at first appeared to be a serious defect in the film, but as we observed its effects with larger and more ignorant audiences, such criticisms seemed inconsequential. For the vast majority of people even among cultured classes, interest in the facts presented and in the story is intense and its inconsistencies are not noted. Sentiments which were ridiculed by the medical and like groups were applauded vociferously by the car men, soldiers, and others, and comments in the questionnaires, as "I'm like Bill," show frequent identification with the hero. In the criticisms of sex-hygiene pictures it is not infrequently evident that the critic has failed to consider this class distinction and that no small part of his criticism is a rationalization of his own revulsion against the "drivelling inanity" of the story.¹

Observations of the reactions of various audiences indicate that such criticisms may be largely discounted, yet they raise the question as to whether any picture can be adapted to all types of audiences or whether special pictures must be constructed for special groups. We have been able to observe the effects of "Fit to Win" and "The End of the Road" with white and Negro audiences and find that they make an even stronger appeal to the latter than to the former. Not only were the Negroes more

¹ "The Cinema," by Bertram Clayton, *Quarterly Review*, vol. 234, no. 3, July, 1920.

interested and enthusiastic than the whites in their immediate responses to the picture, but later inquiries showed that a much larger per cent had been influenced to seek medical advice. In general criticism of the literary value of the picture does not seem to be valid for the great majority of people and seems to involve chiefly the question of policy toward the small but influential sophisticated group.

"Fit to Win" bases its appeal almost entirely upon fear of venereal disease. This is shown by the relatively small percentage of the men listing any other motive for their intended change in sexual behavior and by the relative frequency with which various scenes were mentioned spontaneously. There is no evidence upon which we can judge the relative effectiveness of fear and other motives. Our data on emotional reactions indicate that sympathy for the innocently infected, especially children, has greater relative effectiveness, at least for retention of associated scenes, than any other emotional reaction aroused by the picture. Other possible appeals are not developed sufficiently in this or any other hygiene films that we have seen to permit of any judgment of their merits. The data upon the ultimate effects of the picture upon behavior indicate that the fear motive is inadequate except in the case of the actively infected. The stressing of other motives at the expense of fear would, therefore, at least not entail any great loss in the effectiveness of the pictures and might make a decided gain.

Narrative versus Expository Methods. During our work we have been impressed by the small amount which the story contributes to the effectiveness of the film. Most of the information conveyed by the picture is irrelevant to the story, and the parts which impressed the audiences most were unconnected with the plot. Interest was fully as great in the purely expository parts as in any but the most dramatic scenes, and these—the fights and bawdy-house scenes—hold attention more through their action than through their relation to the thread of the story. From the standpoint of imparting information, much space is wasted by the drama. For example, nearly 300 seconds are devoted to the incident of syphilitic infection from a kiss, showing contact,

subsequent fears, diagnosis, etc. A single legend and less than 30 seconds are devoted to a lip chancre contracted from a razor, yet more men gave "using an infected person's toilet articles" as the cause of infection than mentioned kissing. (51 as compared with 31 per cent.) The emotional appeal of the drama also does not exceed the expository parts of the picture. Some of the most carefully constructed scenes and the very best acting in the picture are devoted to the infection of the innocent country boy and his disappointment at being left behind. Relatively little space is devoted to showing blindness in children infected with gonorrhea, yet the latter produces a much more intense and uniform reaction from the audience, is recalled by more people, and arouses greater sympathy.

For the more sophisticated groups the defects of the drama arouse an antagonism toward the entire picture. The story was discussed with the Executive and Clerical and the Literary Club Groups. The majority stated that they had been very little interested in the story, that they considered it trivial, but had scarcely noticed it in their interest in the facts presented. The antagonistic attitude of the Medical Group has been described.

Such data suggest that the story form is not particularly advantageous and that unless the story has real literary merit it detracts rather than adds to the effectiveness of the expository material.

VII. GENERAL SUMMARY

The observations and experiments reported in this paper have been restricted chiefly to a study of the effect of the motion picture film, "Fit to Win," in the revision for civilian use. This has been advisable because of the time required for the working out of methods of investigation and the variety of problems which are raised by the single film. "Fit to Win" is typical of most of the commercial films, however, and data derived from it should be of value in judging the worth of other existing pictures and in planning future ones. The investigation has included tests of the range of information on sexual topics of audiences before and after presentation of the picture, observations upon their imme-

mediate reactions, study of the emotional reactions aroused toward sex problems and toward the method of presenting them, and attempts to determine the actual influence of the picture upon the later sexual behavior, through reports of field workers and individual studies of men who had seen the picture previously.

The picture has been shown experimentally to about 4800 people; 1200 questionnaires have been received from them and tabulated; these have been controlled by personal interviews with nearly 100 men; verbal reports have been received from 73 voluntary field workers who have been asked to seek for evidence of certain specific effects of the picture and whose observations extended over periods up to six months after the performances; the experimental groups have included classes varying widely in social and educational level. On some of the problems raised by the picture, such as the curiosity concerning sex aroused in young people, and the relative effectiveness of appeals to instinctive motives, we have been unable to obtain adequate data, but on those topics concerning which information is obtainable, we believe that the number of individuals studied is sufficient to assure that the data are representative of the communities studied.

We will review first the data upon the effectiveness of "Fit to Win" in venereal-disease education and will then summarize the bearing of the data upon the more general problems.

EVALUATION OF "FIT TO WIN"

In conveying information the picture is moderately efficient. For about ten of the more important topics dealt with, our questionnaire showed that at least 50 per cent of those who were previously ignorant or misinformed acquired from the picture some definite information on each topic and that this raised the average level of information to 70 per cent with fairly accurate knowledge of each topic. Naturally the amount of information acquired varied with space devoted to the topic and the clearness and emphasis with which it was presented. Practically all learned the ready communicability of venereal diseases by contact, relatively few the distinction between gonorrhea and syphilis in this respect.

And so with other topics. Only where the information given was simple, clear, and without the assumption of preëxisting knowledge did any large percentage of the audience grasp it.

There has been some question as to the information conveyed by certain parts of the picture, especially as regards the relative emphasis of continence and prophylaxis as preventives of infection. Our data show conclusively that almost without exception the men gathered from the picture that continence is the only sure method of avoiding infection and that prophylaxis is not always effective. Belief in the effectiveness of prophylactic measures was weakened rather than strengthened. It has been claimed that the film disparages the army and represents the average young American as having low moral standards. We have found no basis for either of these assertions. The audience does not identify the characters with the soldier as apart from any other class, and in the groups that we have studied the impression has been that the characters represent common but by no means universal types.

The film teaches the seriousness of venereal disease, the possibility of transmission by contact, the harmlessness of continence and of seminal emissions, a relative ineffectiveness of medical prophylaxis, the necessity for prompt and expert medical treatment and reliable sources of information concerning such treatment.

In the factual material presented, the film falls short in several important respects. It emphasizes, even exaggerates, the serious results of venereal disease, without giving accurate information concerning the cause or the possibility of cure. Data collected concerning the influence upon continence of false beliefs as to the cause of disease and the use of medical prophylaxis indicate that ignorance of the nature of infection is in part responsible for carelessness in exposure and in precautions against infection. The failure to bring out clearly the possibility of cure also runs counter to the best medical opinions as to the conditions which are apt to give rise to morbid anxiety and the like. While we have not found evidence that such conditions result from the picture, their possibility would be decreased by a more even stressing of these three

points. This might reduce the fear of infection but there is no evidence that this fear alone has enough deterrent value to counteract ignorance of other matters.

The film fails to bring out the difference between gonorrhea and syphilis and a large proportion of the audience confuses the symptoms of these diseases. While this is not important so long as the purpose is to emphasize the seriousness of the venereal diseases, it may lead to serious misunderstandings where the distinctions may be desirable, as in the right of the gonorrheal or syphilitic man to marry.

The picture shows three infections in four exposures. A good many men (10 per cent at least) have some knowledge of the actual chances of infection, and some of those with whom we talked feel they have caught the authors of the film in a lie which shows that its purpose is to foist on them a moral code under the guise of hygiene. Such reactions are not frequent, but in education any suggestion of deceit is apt to be disastrous.

The studies of the emotional effects of the picture have dealt with the attitudes aroused toward sex matters and toward the picture. There is clear evidence that only in rare cases is any sexual excitement produced and there is no danger whatever that the picture will lead to immediate incontinence. On the contrary, according to the reports of men, it has some inhibitory influence, although this is not strong enough to withstand any strong temptation. No sex antagonism is produced either in men or women. There is no evidence that any dangerous interest in sex is aroused, even in children, but our data on this point are limited to one group of boys and are scarcely adequate. With audiences limited to one sex there has been no indication of emotional shock or serious offense at even the crudest parts of the picture.

With men the film arouses some fear of venereal infection and a resultant determination to be careful, chiefly by avoiding prostitutes. There is little indication of any other constructive emotional influence. Among mature women sympathy for the innocently infected is more frequently aroused, with a desire to guarantee better education for young men and women. In neither

sex does the fear of disease seem strong enough to induce morbid reactions.

The attitude toward the film aroused in both men and women is one of approval. Ninety-five per cent of the men and 100 per cent of the women studied believed that the picture would be beneficial and that it should be shown to the general public. More than half of the men believed that it should not be shown to women (sisters or sweethearts), but all of the women believed that it should be shown even to young girls.

The picture is not adapted for showings to mixed audiences under any conditions where the men and women may meet immediately after the performances. In one such experiment we found that inhibitions were broken down among the younger people and that comments bordering on the indecent were passed between the boys and girls. This seemed to have been the result of a temporary relaxation produced by the picture plus the knowledge that each had seen the picture and been somewhat embarrassed before the other. Where the picture was shown to one sex only we could find no evidence of flippant attitude in any part of the audience.

Only two important after-effects upon behavior have been demonstrated. A few individuals are stimulated to active interest in sex-hygiene campaigns. They seek to get repeated showings of the film or to obtain pamphlets and other propaganda material. They seem to be, for the most part, individuals who are already interested in the problem and who see in the performance an opening wedge for further work. A small number of men, in the belief that they may be infected, seek medical advice. The number of these that we were able to trace amounts to about one per cent of the total male audience.

No lasting effects were found. The retention tests show that the main facts were remembered very well for periods up to five months, but there is no indication that behavior is modified significantly. The picture does not reduce the exposure rate of men who see it or make them more careful in the use of prophylaxis, except possibly for a few days. Nor did ill effects seem to persist to any greater extent. Interest dies out rapidly and the

picture seems to be forgotten as quickly as the average motion picture devised solely for amusement.

The effectiveness of the picture thus seems to be limited to conveying information concerning venereal diseases. While the dramatic portions of it do no active harm, it is doubtful if they contribute in any way to its educative value or add to the interest which the facts presented have for the audience. Indirectly, they cut down the space that can be devoted to informational topics and limit the informative value of the picture. The need for more elementary and comprehensive instruction than is included in "Fit to Win" leads us to believe that the development of more complete and scientifically accurate expository films along the lines already begun in the lecture films of the American Social Hygiene Association will prove more effective and profitable than will an attempt to continue the use of the dramatic method of presentation.

SUGGESTIONS CONCERNING THE USE OF MOTION PICTURES IN SEX HYGIENE EDUCATION

The difficulty of handling venereal-disease data in dramatic form argues strongly against the use of this method. Scenes like the bawdy-house in "Fit to Win" and the attempted rape in "The End of the Road" have little educative value, and unless they are handled with extreme skill and shown under careful regulation there is danger that they will have some erotic effect.

There is no evidence that the informative value of the picture is increased by such dramatic efforts. Material which is presented in the prologue of "Fit to Win" or which is otherwise irrelevant to the story is retained as well as that which is reinforced by a dramatic background and seems fully as capable of holding the attention of the audience, provided it is new to them. Such material can be presented to them more fully in purely expository form and will so escape many of the difficulties which attend the construction of the film story. Our data indicate that the more significant emotional reactions were produced by parts of the picture irrelevant to the story and that such emotions as are

aroused by the dramatic parts are evanescent and without important effects upon behavior.

The need for more detailed and accurate information where any is given is another reason for the avoidance of the dramatic method. The advantages of simple and detailed information are not counterbalanced by any persuasive effects of the stories.

With regard to the educational material to be included, the evidence indicates that the serious presentation of any scientific data concerning venereal diseases will not prove harmful or offensive. There should be no inclination to conceal part of the truth in the hope that emphasis of some material will lead to beneficial emotional attitudes, for a large enough portion of the public recognizes the trick to make the practice dangerous, and with increasing popular knowledge of venereal diseases this knowledge will increase. For the present the treatment of material should be made as elementary as possible, for the majority of the audience have no adequate preparation to understand even such primary facts as the action of disinfectants. The popularizing of the material should not entail any relaxation of the scientific attitude, however. The more nearly the data can be kept on a strictly scientific plane, the less possibility there will be of such reactions as we obtained from the mixed audience described above. The use of popular instead of scientific names is inadvisable, since the meaning of the latter is almost always acquired from the context, while the former may be taken as obscenely humorous. There is need for investigation of popular misconceptions concerning venereal disease and for the preparation of data which will correct these.

Finally, one of the chief problems of educational policy involved in the use of the motion pictures in venereal-disease education is that of whether the film shall aim simply to give information or to control sexual conduct through an emotional appeal. The appeal to fear, as made in "Fit to Win," has practically no behavior value. It is possible that an appeal to other emotions might be more effective in modifying conduct. As used in the existing films, the emotional appeals are not effective in modifying sexual behavior, but they are effective in emphasizing information con-

cerning venereal disease and in arousing people to a realization of the need for educational and social reform. If the imparting of information is considered an important phase of the sex-hygiene program, then expository motion pictures will be an important factor in disseminating such information.

The one place where we can hope to effect permanent control of sexual conduct through education is in adolescence. Films of the type of "Fit to Win" are not adapted for use at this age, and it is doubtful if any motion picture will ever be as satisfactory here as other educational methods, since there is need for adaptation of the material to the individual requirements of the youth. The films seem particularly effective, however, in arousing in adults an appreciation of the need for education and control of sex in adolescence. The most promising sphere of usefulness for motion pictures would seem, therefore, to be in building up a public opinion which will favor the utilization of other educational methods which can be better adapted to the individual needs of children and adolescents.

BOOK REVIEWS

RADIANT MOTHERHOOD. A Book for Those Who Are Creating the Future. By Marie C. Stopes, D.Sc., Ph.D. G. P. Putnam's Sons, 1920. 246 p.

This book represents an effort to do what some of us are coming to feel is fundamental,—namely, always in educational or popular treatment of the subject of sex and reproduction in humans, to supplement the scientific statement of the crass facts with the interpretations and inspirations which have meant most for the higher emotional and social phases of our life. It is felt that the giving of these human facts, especially in the light of the degree to which the human environment surrounds the subject with salacious and jesting innuendo, will without such interpretation almost inevitably lead to vulgar misinterpretation; that on the other hand the effort to impart the appreciation of sex without the scientific foundation is likely to beget an unwholesome sentimentality about the matter. Wholesomeness is of the essence of *wholeness*, the combination of the two.

That the writer rather overdoes the appreciative and inspirational emphasis, to the point of saccharine precipitation, does not invalidate this principle. Our scientists have without doubt erred on the other side quite as hurtfully. It is even open to question whether there is in the book too much sentiment,—if there were a little more science. While the author is keenly imaginative and full of sentiment, these qualities in her are extraordinarily sympathetic and comprehending both of the sex emotions and processes at their best and of our human aspirations.

The author espouses some points of view which most biologists find no ground for accepting, as for example, the notion that mothers can by certain vivid states of mind and emotion influence not merely the development of the fetus in mechanical, nutritive and more intimate chemical ways (which no one questions), but can produce *definite, specific, and representative* results in the prenatal child. Apparently the adequate answer to such a view of maternal influence is this: if mothers could thus change in any genuine way the qualities of their offspring to

accord with their own, there would be a progressive, definite, statistically measurable feminization of the males of the gestating races. Mothers would stamp their mentality upon their children beyond what fathers are able to do. We have no evidence whatsoever that such is the case in mammals, any more than in non-mammals.

The author regards the human failure to meet the needs and rights of the growing child in information and interpretation of sex phenomena as the "weakest link" in our whole cycle of events connecting one generation with the next. She is convinced that very much of the future sanity of the child depends upon the mother's attitude toward sex during the infantile period of one to three years. This quotation will illustrate the spirit of the author: "If a little child is started upon its life with a beautiful and true conception of its relation to its mother, and of man's relation to woman, it will be unlikely indeed to grow up a hooligan who flouts his parents, or a loose and lascivious destroyer of women." Here is sentiment and science mixed with optimism. The book, while extreme, is not an untimely reaction from the unjustified dependence upon sheer knowledge motivated chiefly by fear of venereal disease.

T. W. G.

FRUCHTABTREIBUNG UND PRÄVENTIVVERKEHR IN ZUSAMMENHANG MIT DEM GEBURTENRÜCKGANG. (Abortion and Contraception in Relation to the Declining Birth-rate.) By Dr. Max Hirsch. Würzburg: Kabitzsch, 1914. 267 p.

ÜBER DAS FRAUENSTUDIUM. (Concerning Higher Education for Women.) By Dr. Max Hirsch. Leipzig: Kabitzsch, 1920. 142 p.

EINFÜHRUNG IN DAS STUDIUM DER PROSTITUTIONSFRAGE. (Introduction to the Study of the Prostitution Question.) By Anna Pappritz. Leipzig: Barth, 1919. 295 p.

DAS GESCHLECHTSLEBEN DER HYSTERISCHEN. (The Sexual Life of the Hysterical.) By Dr. Placzek. Bonn: Marcus & Weber, 1919. 264 p.

DIE SEXUELLE UNTREUE DER FRAU. (The Sexual Infidelity of Woman.) By Dr. E. H. Kisch. Bonn: Marcus & Weber, 1918. 2 v.

In the first issue of the *International Journal of Public Health* (July, 1920), Mr. Walter Clarke, in speaking of after-war changes, says, "No doubt the mass of the world's population and even the medical profession and public-health workers, did not at that time (1918) have a

sense of the importance of venereal disease as a menace to life and efficiency." Add psychical sexual disorders to the physical, and this statement is even more true.

Germany in common with the other participants in the recent struggle is now meeting the problems of sex, the vast extent and wide significance of which the emergency of war revealed as never before. The Institute of Sexual Science recently organized has been founded in recognition of the necessity of assembling for scientific consideration the facts observable in the varied aspects of the subject. In the group of books here reviewed we have additional evidence of the importance of a factual foundation as the only sound basis for a practical medical and social campaign.

Dr. Hirsch's books bear witness to his belief that the function of social medicine is to determine the social causes of all physical and moral evils. He writes as a specialist for specialists, but the general student also will enjoy his modern point of view and sane optimism. One of these volumes deals with the relation of abortion and contraception to the falling birth-rate. In 1920 he writes concerning higher education for women. He accepts modern conditions fearlessly, urging the preparation of women for the greater rôles they are to play in the social life of the future.

The following quotations are characteristic:

Real progress in this field is not to be obtained through literary studies, but through the exact observation of life and its social relationships. . . .

Among the many measures suggested for combating the declining birth-rate, only those should be approved which are based on the principles of hygiene and of social, economic, and political reform. Measures smacking of philanthropy, or those giving undue powers to the police and the courts, even to the extent of the restriction of scientific research, should be emphatically opposed.

Anna Pappritz, in common with Blaschko and others, and in contradistinction to Iwan Bloch, holds the theory that economic necessity is the prime factor in the causation of prostitution. Various men and women doctors contribute to her volume, which is practically a handbook or outline for the student of the subject of prostitution. Rather academic, the chief value of the book consists in its concise assembling of fact, and a fairly adequate bibliography.

Dr. Placzek entitles his book "A Medical, Social, and Legal Study" but the medical aspects of the subject take up two thirds of the volume. His case history method is valuable. He presents with fairness the conflicting theories of various other specialists on the nature of hysteria and

its relation to sex emotion. His conclusion is that one cannot find the solution of the enigma of hysteria either by ignoring sexual factors or, on the other hand, by joining the camp of the "Pan-Sexualists" as he calls Freud and his followers. Dr. Placzek, in company with the other writers reviewed, lays great stress on the necessity of collecting case histories from which to obtain facts for further study. All agree that as yet there is insufficient material to work on.

Dr. Heinrich Kisch's two-volume study is somewhat disappointing. He is a celebrated gynecologist, and speaks with the authority of fifty years of practice and observation. It is therefore a bit surprising to find him laying much of the blame for woman's sexual unrest, including unfaithfulness, to the changing times—to an increasing lack of piety and reverence for the standards of a passing social order. One cannot but be reminded of the ex-kaiser's three K's, namely *Küche*, *Kind*, and *Kirche* (Kitchen, Children, and Church) as ideals for the womanly woman. His style is clear and untechnical, and can be easily understood by the layman. He even enlivens his text by many literary allusions. The subject is covered with thoroughness, yet he leaves with his readers the impression that he belongs after all to an earlier generation which attempted to deal with this problem exclusively by prohibitions in the name of religion, morality, and duty.

M. B. FREELAND

MENSCHENZUCHT: ein Merkbuch für die Reifen beiderlei Geschlechts.

By Dr. Franz Kisch. Bonn: A. Marcus & E. Webers Verlag, 1920.
100 p.

Dr. Kisch's book on human reproduction is one of the best-planned volumes that has appeared in some years. It deals with adolescence, reproduction, heredity and selection, fertility, illegitimacy, and marriage, in a simple and sane way. It appears to the reviewer to be somewhat advanced to be put into the hands of adolescent boys and girls, but suitable for the premarital age and, in the words of the subtitle, "for mature persons of both sexes." Dr. Kisch takes a strong stand in favor of monogamy and extramarital continence, combats birth-control propaganda, and holds throughout to the racial and biological points of view. He is sometimes unscientific, as in his advocacy of marriages between diverse races, but his general attitude is thoroughly sound, and notably

free from overemphasis on the pathological aspects of social hygiene. The book ought to be very useful in Germany, and it is much to be desired that works of this scope be available in all other languages.

P. P.

TABOO AND GENETICS. By M. M. Knight, Ph.D., Iva Lowther Peters, Ph.D., and Phyllis Blanchard, Ph.D. New York: Moffat, Yard and Company, 1920. 301 p.

This book is written in three parts, each the work of a different author, and represents the contribution from the fields of biology, ethnology, and psychology, to the consideration of the problem of sex in modern society. The section on the biological factor describes in some detail the evolution of reproduction from simple division to sexual reproduction, and then proceeds to demonstrate the effect upon society and the individual of sexual differences, particularly as they concern the division of labor and the building up of the institutions of the home and the family. The second section describes the origin of sexual taboos in terms chiefly of the fear which the savage had of that mysterious creative power of woman, her possible possession by evil spirits, and the dread also of becoming effeminate by contact with her. The division on sex in the light of modern psychology portrays simply the social influences conditioning the original sex endowment of the individual.

The conclusions at the end of each of the sections are challenging. It is pointed out that, biologically, there is a great need for rationalization of the mores to make for better control of reproduction, which is much more of a social than an individual problem; sociologically, the institutional taboo is a dysgenic influence in society; and psychologically, there is urgent necessity for a social therapy in matters pertaining to sex.

The value of this book lies not in the originality of its content, but rather in the satisfactory manner in which the material is organized and presented. It succeeds in its purpose avowed in the introduction—in synthesizing the contributions of these three sciences to the subject of sex in modern society, and presenting logically and concisely the relation of the facts and theories in these divergent fields.

M. T.

THE NEW PSYCHOLOGY AND ITS RELATION TO LIFE. By A. G. Tansley.
London: George Allen and Unwin, Ltd. New York: Dodd, Mead
& Co., 1920. 283 p.

That the dynamic biological approach in psychology marks a decided advance in the science will be generally admitted by students in this field. And since psychoanalysis has such a tremendous vogue at present, it is not strange that attempts should be made to relate it to that body of psychological data to which it seems most nearly akin. For the most part psychologists have been critical rather than sympathetic toward this comparatively recent branch of the behaviorist school, the psychoanalysts, largely because of its tendency toward hasty generalization and fantastic interpretation, and the disinclination of the psychoanalytic group to accept the concepts laboriously developed by the parent science. There have been a few attempts, however, by trained psychologists to effect a *rapprochement*, notable among which is Professor E. B. Holt's *The Freudian Wish and Its Place in Ethics*.

It is among such attempts that the present book must be classed. Our author accepts the assumption of the psychopathologists, that the mechanisms revealed in the abnormal differ only in degree from those operating in normal individuals. Once these mechanisms have been observed in the pathological state, where they appear in strong relief, they can be effectively studied in the normal, though they might never have been detected there originally.

Because "it seems that there has been no attempt to present a picture of the structure and working of the normal human mind which would enable the general reader to get a fair grasp of the new points of view in the study of the mind, and of their relation to human life," the author undertakes to fill this gap by "combining what may be called the 'biological' view of mind with the concepts which we owe mainly to the great modern psychopathologists, Professor Freud and Dr. Jung."

Needless to say such a purpose is to be most heartily commended. How well Dr. Tansley succeeds in carrying it out is another matter. This book, if approached from a scientific standpoint, must necessarily be judged harshly. There is much evidence of confused and superficial thinking, particularly in regard to fundamentals. Just how Holt can be reconciled with a faculty psychology (for Dr. Tansley's is a faculty psychology) and with an "interaction" hypothesis is difficult for the reviewer to see. Tansley quotes Holt at length in dealing with "specific response," but fails to grasp his fundamental conception of mind.

Again one is led to question whether the author has fully comprehended McDougall's notion of instinct in which he (McDougall) makes cognition, emotion, and conation integral functions of instinct at any level—a conception which seems to be very closely in accord with Holt.

But in spite of its scientific weakness, its total lack of original material, and the constant tendency toward speculation, the book has a place in the literature of the subject, largely because so little has been written for the general reader designed to counteract the unwholesome pathological literature which is so widely read now. The average intelligent reader should find the book stimulating and profitable on the whole.

E. F. Z.

PSYCHOANALYSIS AND BEHAVIOR. By André Tridon. New York: Alfred A. Knopf, 1920. 354 p.

When Mr. Tridon's first book (*Psychoanalysis: Its History, Theory and Practice*) appeared, in which he attempted a synthesis of the various schools and viewpoints of psychoanalysis, it was accepted as a good popular presentation of the subject. While superficial if judged from the standpoint of the student, for the reader it gave perspective and general orientation, which was the thing the author intended. He included a fairly well selected bibliography to aid those who cared to read more widely.

His second book, now under consideration, does not come up to the standard of his original venture. It seems to have been written more in the spirit of propaganda than of science. There is no good reason why the rules of scientific presentation, particularly as they relate to dogmatic assertion, should be ignored even in a popular presentation. In so controversial a field as that of heredity versus environment, even a popular writer is not warranted in making such statements as "insanity, feeble-mindedness, or criminality are not inherited characters," or, after admitting that physical characters are inherited, to say, "This is as far as heredity goes. The transmission of mental characteristics is probably due to what Freud calls pseudo-heredity, that is, to the influence wielded on the child by its environment, that environment consisting chiefly of the parents for the first years of the child's life" (p. 117). That statement may be true, to a degree at least, but there are a great many careful students who believe otherwise and who have considerable evidence to support their belief, evidence which Mr. Tridon ignores. It would have been much better, when discussing this question and advancing the

views of Freud and others if the author had admitted that the issue is debatable, and better still, if he had included briefly a few of the reasons for this opposite position. It is not essential that a book of this kind contain original material, but it is very essential that it avoid creating misconceptions. The danger of this is great for the general reader not any too well oriented in science, for the book contains many sound statements gleaned from wide reading and they are frequently aptly introduced. For example, Kempf's point of view that the psychophysical organism is a unity, and the material from Jacques Loeb's *Forced Movements, Tropisms, and Animal Conduct* appearing in the first part of the book are good. It is fortunate for psychoanalysis that this view is emphasized in such a presentation along with the interactionist basis of Freud and others. The reader who does not discriminate, however, is very apt to be misled into accepting the questionable statements of the author because this more scientific material is included.

There are a number of excellent passages in the book. The treatment of "sublimation" is particularly clear. While it is too early as yet to consider the theories of Kempf proven, it is highly desirable that they be given a wider publicity. The author has given a very clear presentation of Kempf's position, in fact, one which compares with White's review of Kempf's *Autonomic Functions of Personality*. Because of these good points it is the more regrettable that so much of the product of the author's "complexes" against the findings of science opposed to psychoanalytic theory, appears.

E. F. Z.

THE PSYCHOLOGY OF DREAMS. By William S. Walsh, M. D. New York: Dodd, Mead & Co., 1920. 361 p.

It is natural that such a striking phenomenon as a dream should have attracted the attention of thoughtful men in all time. It is equally surprising that until recently little or no scientific work should have been done on the subject. This book comes at an opportune time. Undoubtedly stimulated by recent uses of the dream for purposes of psychoanalysis, it may almost be said to be a reaction against Freudianism.

It is essentially an historical treatise and so casts an interesting side-light upon the attitude of people toward dreams at different stages of cultural development. It will serve a useful purpose in the general field of mental hygiene for, as each topic is discussed, popular fallacies

are exposed and sensible explanations given. The place of sex in the dream is reduced to a minimum; in fact this may almost be considered a deficiency. This book is, however, a veritable encyclopedia of information and may be recommended to general readers.

A. W. STEARNS, M. D.

MAN'S UNCONSCIOUS PASSION. By Wilfrid Lay, Ph.D. New York: Dodd, Mead & Co., 1920. vii+246 p.

In a very loosely put together book, Lay attempts to present to a non-academic audience an insight into the workings of conscious tender emotion and submerged passions. The first two chapters present the author's system of human behavior and discuss the distinction between conscious and unconscious passion. To many persons who would ordinarily pass for normal he ascribes an Oedipus or an Electra complex.

The love of a mother for her male child, if extreme, produces a mother-*imago*, and it is this condition which produces so many unhappy marriages according to Lay, the source of trouble being the unconscious passion of the husband for his mother and the failure of the wife "to measure up" because of the fact that she differs from her mother-in-law in appearance, action, etc. Of course, the well-intending husband is quite unaware that the disruption which ends in a divorce court is due to his superabundant affection for his maternal progenitor.

Prostitution is also charged to the mother-*imago*. "He sees that in seeking prostitutes, he is, in two senses seeking his mother-*imago*. In the first sense, he is seeking a woman, not of his mother's class, the gratification of unconscious desires for his mother, aroused by her in childhood and which she should not have been allowed to arouse or should have instructed him to gratify symbolically." In summing up, Lay says that for many, if not for most men, the resort to the prostitute is an unconscious attempt to find the mother-*imago* in a woman who has, in some respects, the complaisance and accessibility of the mother as she was known to the man when he was a boy.

This book is one of a number of "psychoanalytic" works which have appeared recently and which might better be postponed in publication until more data are accumulated regarding the normal man and his behavior. The facts taken from observation of pathological cases should not need to be strained in fitting them into a theory of normal behavior which sinks nine tenths of conduct beneath a shroud through which only a psychoanalyst can see.

L. M.

THE PSYCHOLOGY OF SUBNORMAL CHILDREN. By Leta S. Hollingworth, professor of education, Teachers College, Columbia University; formerly clinical psychologist, Bellevue Hospital, New York City. New York: Macmillan Company, 1920. 285 p.

What reasons have educators and society at large for studying subnormal children? The dull and subnormal constitute a great burden economically and socially. They tend to drag the whole mass of mankind downward. No social worker should be ignorant of the facts nor fail to realize the part feeble-mindedness plays in delinquency. In New York the proportion of feeble-mindedness in reformatories and prisons is approximately 25 per cent. Dr. Weidensall reports that 54 to 58 per cent of the unmarried mothers in the Cincinnati General Hospital were definitely feeble-minded, and 40 to 45 per cent were so low-grade that institutional life was the only safe arrangement for society. It has long been a commonplace that many prostitutes are feeble-minded. Mental deficiency leads also to truancy—43 per cent of the cases studied in New York City were definitely below normal intellectual capacity.

Every organism is innately gifted, quite apart from all training, with tendencies to respond to the situations which life offers. Codes of morals and ethics rest primarily on them. In the long run, life is more satisfying if tendencies to act are controlled and inhibited in certain ways. This recognition is passed on from one generation to another in the form of moral education, and the younger generation receives the instruction partly through its ability to comprehend ideas of purpose and consequence, partly through its own personal experiences of punishment when certain responses are made, and of reward when certain others are substituted. Thus moral conduct is directly dependent upon ability to comprehend ideas and capacity to profit by experience. The young child or the feeble-minded person cannot be depended upon to act in accordance with the code of morals or ethics. Their intelligence is inadequate for the controlling and inhibiting of instincts in situations which arouse them.

The matter of age of legal responsibility is important. Presumably all persons below a given mental age, regardless of chronological age, should be held irresponsible before the law. Responsibility should not be determined by the number of years an individual has been in existence, but by the mental level which he has attained.

An understanding of the feeble-minded and their relation to the environment is essential for all who work in the field of social hygiene.

Mrs. Hollingworth has ably described the clinical pictures, what reactions we may expect from these persons and why, and the kinds of training they need. The book cites many researches which have not been brought together in one volume before.

EDITH MULHALL ACHILLES

THE TREND OF THE TEENS. By M. V. O'Shea, professor of education, University of Wisconsin. Chicago: Frederick J. Drake and Company, 1920. 281 p.

In a foreword Professor O'Shea announces the point of attack of his volume. He "has kept constantly in mind that most parents and teachers are neither familiar with nor interested in technical psychology, biology, or hygiene. They are concerned with the immediate and pressing problems of guiding children in their intellectual, physical, ethical, and temperamental development. They wish to understand why children act in certain ways and how they can most effectively divert them from wrong actions. Parents and teachers are so engrossed with the concrete activities of childhood and youth that they have little time to consider academic questions pertaining either to the nature of children or to their training; and consequently the author has avoided practically all merely theoretical exposition in this volume. He has confined the discussion throughout to typical situations which confront most parents continually in the upbringing of their children. He has used terms which can be understood by those who have had little or no study of psychology, physiology, and the related sciences, though the suggestions for child training given herein are based upon the data from these sciences."

There is a chapter on boy problems. What is to be done about the boy who does not stay at home? Is he malicious or merely rightfully pursuing educational developments in wider environments? What boys need is comrades, not disciplinarians. Another thing that they need is an opportunity for real experiences that test courage and endurance. "The likelihood in modern life is that boys will have too few rather than too many experiences that will develop fortitude and self-reliance." What is the fascination of the swimming pool for the boy? How many persons realize how great it is and how healthful an influence it can be made?

In a chapter entitled "When the Tender Passion Appears," the author makes an unhesitating assertion that the high school is not a breeding place for vice, supporting his contentions with data. The ideals and

optimism of this age, its quick response to good comradeship, its function as a foundation for happy social and sexual adjustments then and later are all discussed. Practical procedures, such as training in budget planning, studying the care of children, gaining sympathy with the desires and problems and work of the opposite sex, are taken up in the discussion.

This chapter and the following one on the "Government of Youth" go straight to the heart of many perplexing problems of motivation and suggest modes of handling the situations,—topics of special interest for students of social hygiene. There is a helpful bibliography.

The Trend of the Teens is one of the volumes in the Parents' Library edited by Mr. O'Shea. Three other books of the series are also written by him: *First Steps in Child Training*, *The Faults of Childhood and Youth*, and *Everyday Problems in Child Training*.

H. O.

FEMINISM AND SEX EXTINCTION. By Arabella Kenealy. New York: E. P. Dutton, 1920. 313 p.

This book contains many well-taken points, as for example: the tendency of some feminists to make *equality* of opportunity with man mean *identity* of personal and social functions; or the recognition of the function of reproduction as the biological starting point of the sympathies, sacrifices, and loves of humanity, and the female's larger rôle in these functions.

It contains also a good deal of mysticism in the discussion of the "principle of sex" (with a capital S)—its "existence before matter," and the like.

There is a third admixture of what, so far as actual evidence goes, are improbable assumptions within the field of science. Such are: the maleness and femaleness of the two sides of the body; the superstition of the influence of a first paternity upon children of a mother by a second father; parental somatic vigor in determining the sex of children, and the like.

These three classes of ingredients are mixed by means of a most vivid and picturesque literary style, and the mixture produces a book which is calculated to give the reader thrills in every chapter.

One may, I think, agree with the author's main contention that certain feminist ideas, aspirations, and programs are definitely dysgenic and anti-euthenic, and therefore counter to the best that we can now guess about race progress, without accepting all the specific conclusions *en*

•

route. One may, if one is discriminating, also find much food for thought in some of her special theses, without being prepared to go the whole way toward admitting that the ancient subjection of women by men (or, as mere man would more likely suggest, the subjection of modern men by the feminine woman) will give place to a subjection of an effeminate race of men by a masculine race of women, as a precursor to race extinction. The extravagance of such ideas as these and its loose, rhapsodic style must condemn the book as untrustworthy from the scientific standpoint.

T. W. G.

PRINCIPLES OF HUMAN PHYSIOLOGY. By Ernest H. Starling. Philadelphia: Lea and Febiger, 3rd Edition, 1920. 1315 p.

The first edition of this book appeared in 1912. At that time it made its appeal as a text which stressed particularly the significance of physiological phenomena rather than compilation of data and methodology. The result was a book which was highly readable. It was such a text as the practitioner, the scientific student, and the lay reader could read, enjoy, and find the great facts of physiology presented, stripped of the technical nomenclature and experimental procedures which have their just place in texts built primarily for physiologists, but which, unfortunately for the worker in other sciences, too often obscure his search for essential facts. The book was justly hailed at the time as a scientific work of high merit with special value as an interpreter of physiological progress to students of all sorts.

The present edition is the third and is obviously concerned with bringing up to date the matter of physiological significance that has been compiled in the intervening years. The greatest changes in the present edition are in the sections on the Sense Organs. To this end the author has secured the coöperation of Dr. H. Hartridge, and an entirely new section on Vision is his special contribution.

In an examination of such a text one naturally looks for summarized data on the newer aspects of the subject, and the book bears the test well. In the field of reproduction the results of the study of the internal secretions that has developed so extensively in recent years is found well presented. The same is true of most of the other fields covered. If one were to criticise at all, one might deplore the absence of the matter bearing on vitamine relations to milk and its production and care. In the section on the secretion and properties of milk these phases are

barely touched on, and one also finds in other places certain subjects more sparsely treated than could perhaps be desired. It seems hardly fair, however, to cavil about single omissions in a book of such general excellence, and it is a text that the general student of biological matter can not afford to be without.

WALTER H. EDDY

TRAVELING PUBLICITY CAMPAIGNS. By Mary Swain Routzahn. New York: Russell Sage Foundation, 1920. 151 p.

Publicity and information—these are still the chief and necessary tools in the campaigns for better citizenship and health. Effective publicity aims not only to compete successfully with the numerous commercial and other agencies loudly demanding the ear of the public, but endeavors further to penetrate the remote and little explored corners and recesses of the world not reached through ordinary publicity channels.

Traveling Publicity Campaigns, with the sub-title "Educational Tours of Railroad Trains and Motor Vehicles," tells how Mohammed is brought to the mountain. There are accounts of some 130 educational tours by train, auto-truck, motorcycle, trolley car, wagon, and houseboat functioning as itinerant motion-picture shows, traveling expositions, and portable dispensaries for demonstration purposes. Excellent photographs throughout the book illustrate some of the trains and trucks, their displays and general equipment. The importance of good advance work in arousing interest in the coming of the train or truck is discussed in some detail. The program of events of each stop, the planning of itineraries, and finally the follow-up work to make sure that results are obtained are all given a considerable amount of space. A concise appendix listing information about train, truck, trolley, and other traveling campaigns, a bibliography, and an index enhance the value of the book.

Social-hygiene publicity has maintained its place in the procession of progress by a recent demonstration with a motor truck furnished by the American Social Hygiene Association in coöperation with the American Red Cross, in the state of North Carolina. The success of this field car, fully equipped for showing motion pictures anywhere and under almost any circumstances, is being enthusiastically proclaimed by officials of the United States Public Health Service and the State Board of Health of North Carolina; and a complete report of the demonstration will probably be published shortly. Unfortunately this experi-

ment was made a bit too late to be included as part of the descriptive matter in this volume.

Those interested in traveling publicity campaigns will do well to profit by the experiences of others as set forth in Mrs. Routzahn's painstaking and enlightening study.

H. E. K.

PASTEUR, THE HISTORY OF A MIND. By Emile Duclaux. Translated into English by Erwin F. Smith and Florence Hedges. Philadelphia: W. B. Saunders Company, 1920. 363 p.

Pasteur was fortunate no less in his own scientific integrity than in the characteristics of the man who, as a contemporary and co-worker, supplemented his point of view, as a successor gave a "soul to the scientific tradition" and Institute which he founded, and in this volume interprets the mind of his teacher with an understanding at once most loving and just. Pasteur was an incomparable investigator; Duclaux was an incomparable biographer. Pasteur died in 1895; Duclaux published the biography in 1896, and died in 1904.

Manifestly in a brief review there is no chance to follow the actual methods and triumphs of Pasteur, though every generation of scientific students should be brought again to the challenging rigidity of the scientific method as applied by Pasteur first in crystallography and chemistry and then to the more baffling problems of fermentation, sepsis, and of the nature, etiology, and pathology of contagious diseases and questions of immunity.

Equally it is out of the question to epitomize what Duclaux has done in recording the mental assumptions, the growth, the tactics in overcoming human opposition and technical difficulties, the formulation of hypotheses, and the mental adjustments of the thirty-five years of productive life of Louis Pasteur.

An intimation of this beautiful work of Duclaux may be had in Part V, where the author portrays Pasteur's state of mind in being asked by the minister of agriculture to investigate the diseases of silk worms. It must be recalled that Pasteur was essentially a chemist who had been drawn into the study of fermentation by way of chemistry; had triumphantly reached supportable conclusions that these chemical changes were connected always with living organisms; was neither zoölogist nor physiologist. He nevertheless plunged at once into the biological problem; gave six years to it; began, in the words of his biographer,

"by being deceived by it, but was continuously led back to truth"; gave to the world a brilliant example of the scientific method applied to the difficult problem, and solved all the obscurities of the question.

A list of the successful contributions from this new field of diseases in animals and men which have made Pasteur's name immortal by making humanity eternally his debtor, includes: silk-worm diseases, anthrax, the etiology of microbial diseases, chicken cholera, rabies, discovery of vaccines and the foundational facts for theories of virulence, attenuation, and immunity.

The translators, we feel, are right in thinking that Pasteur and Duclaux seem equally alive in the pages of this book. For this reason they have rendered a distinct service to all those who would either enlarge or apply science.

T. W. G.

BRIEFER COMMENT

L'INDISCIPLINE DES MOEURS. Étude de Science Sociale. By Paul Bureau, professor in the Faculty of Law, Paris. Paris: Bloud and Gay, 1920. 608 p.

Professor Bureau has divided his book into four parts. Part I deals with the present state of "uncontrol" in regard to sex customs, and its various manifestations. Part II deals with the immediate remedies. In Parts III and IV there are discussions of a coherent sexual morality which include the duties and demands of marriage, and the conditions necessary for the return of the control of customs. An exhaustive work in the French scientific style.

PRACTICAL PSYCHOLOGY AND PSYCHIATRY. By C. B. Burr, M.D. Philadelphia: F. A. Davis Company, Fifth Edition, 1921. viii+269 p.

Part I deals with a general discussion of normal psychology; Part II with Symbolism in Sanity and Insanity; Part III with a discussion of insanity, its causes and variations; and Parts IV, V, and VI deal with the prevention and treatment of insanity from the medical and nursing point of view. That this book has attained its fifth edition is indicative of its worth, especially as a manual for the medical student and practitioner.

REPPRESSED EMOTIONS. By Isador H. Coriat. New York: Brentano, 1920. 213 p.

Presents the basic concepts of psychoanalysis in non-technical and very readable style. There is nothing essentially new in this volume, but it is well done, particularly the chapters on the "Unconscious" and "Repressed Emotions in Literature," and will repay reading even by students of the subject. It would be highly desirable if at least some of the many writers in this field could approximate Dr. Coriat's lucid style.

PROBLEMS OF CONDUCT. An Introductory Survey of Ethics. By Durant Drake, Ph.D. Houghton Mifflin Company, Revised Edition, 1921. xiii+450 p.

Dr. Drake has divided his subject matter into four parts: Evolution of Morality; Theory of Morality; Personal Morality; and Public Morality. He has striven to keep his

treatment abreast of the times and to a great extent he is successful. The chapter on Divorce and Marriage is a frank and open treatment of the sex question.

STERILE MARRIAGES. By J. Dulberg, M.D., J.P. London: T. Werner Laurie, Ltd. 1920. 264 p.

The book has some value for its delicate treatment of certain items which would be helpful to young married people. But this is neutralized by many false and unfounded statements, redundancy, and careless handling of scientific concepts.

THE NATURAL HISTORY OF THE CHILD. By Dr. Courtenay Dunn. New York: John Lane Company, 1920. 316 p.

This book was written as an introduction to child study, the material being gained, according to the author, "from ancient and scarce books, obscure pamphlets and papers." It is, in fact, a jumble of superstitions and opinions gathered from obscure and for the most part unreliable sources. The title is entirely misleading.

SELECTED PAPERS ON HYSTERIA AND OTHER PSYCHONEUROSES. By Sigmund Freud. Translated by A. A. Brill. Washington: Nervous and Mental Disease Publishing Co., Monograph Series No. 4. Third enlarged edition, 1920. 225 p.

The translation of this work in 1909 was the first introduction of English readers to the work of Freud. It still remains the most authoritative introductory statement for the more technical readers. In his preface to the third edition Dr. Brill says, "Notwithstanding the many works which have been written on the theories and practice of psychoanalysis, this book, which has been thoroughly revised with the addition of a new chapter, is absolutely indispensable for the beginner in psychoanalysis. No other work presents the history and evolution of psychoanalysis as evolved by Professor Freud in a more lucid and concise manner."

SOCIAL CONDITIONS IN AN AMERICAN CITY. A Summary of the Findings of the Springfield Survey. By Shelby M. Harrison, director, department of surveys and exhibits, Russell Sage Foundation. New York: Russell Sage Foundation, 1920. xii+439 p.

This is the final volume in a series of ten setting forth the findings and recommendations of the Springfield (Illinois) Survey, made in 1914 by the Russell Sage Foundation. The others, dealing with nine separate investigations, are here summarized in chapters devoted respectively to the public schools, care of mental defectives, insane and alcoholics, recreation, charity, housing, industrial conditions, public health, the correctional system, and city and county administration. This survey is one of the classic models of technique in this field of social work, and the volume furnishes an admirable summary. Social hygiene is dealt with incidentally in the sections on health, corrections, and defectives.

TRIAL MARRIAGE. A Satire in Three Acts. By Harriet Holmes Haslett. Boston: Richard G. Badger, 1920. 123 p.

The author aims her darts at modern society in which too many outside interests are endangering the solid ties of matrimony. The plot is light and amateurish.

CHARACTER TRAINING IN CHILDHOOD. By Mary S. Haviland. Boston: Small, Maynard & Co., 1921. 296 p.

A helpful guide in the rearing of children, designed especially for parents. It deals with the physical, mental, and moral needs of the child in the spirit of the modern educator. The treatment is popular and inspirational, rather than scientific.

THE SOCIAL DISEASES. By Dr. J. Hericourt. Translated, and with a final chapter by Bernard Miall. New York: E. P. Dutton & Co., 1920. x+246 p.

This translation of the French version, which was published in 1918, reviewed in *SOCIAL HYGIENE*, vol. vi, No. 1, p. 127, presents nothing original in pathological and epidemiologic fields. The final chapter, which has been added by the translator, deals with a comparison of the "social maladies" in France and England.

BOY-TALKS. By Philip E. Howard. Philadelphia: The Sunday School Times Company, 1920. vii+216 p.

"For boys just on the threshold of their teens," these informal talks deal with the means of correcting the boy's tendencies toward laziness, carelessness, mischievousness, and a number of others characteristic of boys of the specified age. The influence of the sex instinct in the development of the boy is not mentioned.

RACE REGENERATION THROUGH WOMAN, and the Problem of Maternity. By James Hegyessy, M.D., D.O., N.D., Opht.D. San Francisco: Privately published, 1920. 109 p.

Impossible both from a scientific and literary point of view, and harmful when in the hands of the uninformed. Although the author does give two pages to the "Social Evil," he offers no solution. The book is filled with superficial generalizations.

COMMENT J'AI INSTRUIT MES FILLES DES CHOSES DE LA MATERNITÉ. By Jeanne Leroy-Allais. Preface by Dr. Porak. Paris: A. Maloine & Sons. Second edition, 1920. 111 p.

This little book aims to teach French mothers what they should tell their daughters concerning sex, conception, pregnancy, and related problems. Mme. Leroy-Allais maintains a sense of informality by giving the facts through narration which includes conversations between a mother, a father, and their thirteen-year-old daughter. This method will probably reach a greater number than a technical treatise would.

NERVES AND THE MAN. By W. Charles Loosmore. New York: George H. Doran Co., 1921. 223 p.

This is the attempt on the part of a man who has evidently been through a "nervous breakdown" to bring comfort and courage to those now suffering, and to prevent others from treading the same path. The author tells us what mental states are best, and he even tells how to attain them, giving in some cases detailed exercises, do's and don'ts. But in spite of his good intentions, one wonders how many neurasthenics can follow the schedule without the cause of the condition being determined and removed and the stimulus secured through treatment at the hands of a capable physician.

MENTAL HYGIENE. By Lillian J. Martin, Ph.D., formerly professor of psychology, Leland Stanford Jr. University. Baltimore: Warwick and York, 1920. viii+89 p.

A practical manual of interest to the professional clinical psychologist. It is a compilation of data collected through two years' experience. The book contains illustrative charts and graphs. Typographically and mechanically poor.

PORTEUS TESTS—THE VINELAND REVISION. By S. D. Porteus. Pub. No. 16, September, 1919, Department of Research, The Training School, Vineland, N. J.

EDUCATIONAL TREATMENT OF DEFECTIVES. By Alice M. Nash and S. D. Porteus. Pub. No. 18, November, 1919, Department of Research, The Training School, Vineland, N. J.

CONDENSED GUIDE TO THE BINET TESTS. Part I, Binet Tests and Diagnosis, by S. D. Porteus. Part II, Tests and Test Procedure, by S. D. Porteus and Helen Hill. Pub. No. 19, April, 1920, Department of Research, The Training School, Vineland, N. J.

INTELLIGENCE AND SOCIAL VALUATION. A Practical Method for the Diagnosis of Mental Deficiency and Other Forms of Social Inefficiency. By Richard A. Berry, M.D., and S. D. Porteus. Pub. No. 20, May, 1920, Department of Research, The Training School, Vineland, N. J.

Studies on the psychological examination and care of feeble-minded children.

PRINCIPLES OF ANIMAL BIOLOGY. By A. Franklin Shull, with the collaboration of George LaRue and Alexander G. Ruthven. New York: McGraw-Hill Book Co., 1920. 441 p.

Deals with the fundamental principles of animal life. The cell, reproduction, embryology, genetics, taxonomy, ecology, zoögeography, evolution, and physiology of organs are treated. There is probably no better text-book of the subject available at the present time.

MARRIED LOVE, or Love in Marriage. By Marie Carmichael Stopes, Sc.D., Ph.D. London: G. P. Putnam's Sons, seventh English edition, 1920. 189 p.

The editors of *SOCIAL HYGIENE* and the writer of the review of Dr. Stopes' book which appeared in the April, 1920, issue (vol. vi, no. 2, p. 292), desire to call attention to the fact that the statements regarding artificial insemination upon which, in part, the work was there criticized have been eliminated or modified in the seventh English edition. The review was based upon the American edition.

ARMY MENTAL TESTS. Compiled and edited by Majors Clarence S. Yoakum and Robert M. Yerkes. Published with the authorization of the War Department. New York: Henry Holt & Co., 1920. xiii+303 p.

This manual will be recognized as the most authoritative source of information on psychological examinations in the United States Army during the late war. It contains an account of the formation of the tests, the methods used and the results obtained, the examiners' directions for giving the tests, and reproductions of the record blanks and forms used in the alpha, beta, and individual tests.

ABSTRACTS OF PERIODICAL LITERATURE

THE CO-EDUCATION OF CHILDREN AND PARENTS. By C. Macfie Campbell, M. D. *The Family*, January, 1920.

The ideal of education is changing from one of imparting knowledge to one of training the individual to adjust himself to his environment, and in that environment the parents are an important element. The child's type of adaptation is equally important.

There is need of parents' learning how to adapt themselves to their new problem, the problem of their children. Unfortunately there is no such school for them. They rear their children until they are six years old and then shift the responsibility to the school-teacher who not only is burdened with teaching the youngster his A B C's, but with trying to train him to adjust himself to his environment. The teacher has the difficulty of adjusting the same concepts of right to a number of individuals whose home rearing qualifies them for as many different concepts as there are pupils.

The child varies as his rearing. In a home where there is pampering and coddling the children are spoiled and selfish. It is not an indifferent matter whether a child is considered a domestic pet, the property of the parent, or whether he is looked upon as an individual, a new life to be trained for future independence.

Mental hygiene can be attained through the school only if, in looking after the difficulties of school children, the homes of the school children are looked after. Home training and school training must go hand in hand. Perhaps the best way to accomplish this is through visiting teachers and school nurses.

HEREDITY OF CONSTITUTIONAL MENTAL DISORDERS. By Charles B. Davenport. *Psychological Bulletin*, Vol. 7, No. 9, September, 1920.

The author reports chiefly his own investigations, but also cites the most significant findings of others' recent study.

Analyses of the pedigrees of feeble-minded individuals yield results supporting the conclusion that there is a single Mendelian factor absent in the ordinary type of feeble-mindedness. If the germ defect results in the insufficient production of some hormone upon which the higher functions depend, the intellectual centers develop each with its own idiosyncrasies and cease development prematurely at a low level. In the most extensive pedigrees the defect has been traced for nine or more generations and it is suspected that if records were obtainable it would go back 2000 years or more.

Contrary to former assertion on the non-inheritance of Mongolian imbecility, recent investigations reveal neurotic conditions in both lines of ancestry. Amaurotic idiocy is apparently confined to families of Russian Jews. It is not yet possible to say that every case of epilepsy is inherited, but it is certain that in a majority of instances there is nervous defect on both sides of the family. The element of periodicity in epilepsy has a clear inheritable basis and the tendency to fugues is evidently a sex-linked trait, i.e., a nomadic male inherits it from his mother's close male relatives.

The method of inheritance of dementia praecox has been investigated by several authors, all of whom conclude that it is a simple Mendelian recessive. On the other hand, Huntington's chorea and the temperamental tendency to more or less periodic outbursts

of violence seems to be a Mendelian dominant. In the manic-depressive group of psychoses, the hyperkinetic tendency is inherited independently of the hypokinetic. The author formulates the hypothesis that the presence or absence of genetic factors determines an individual's reactivity to exciting situations. The history of changes of mood in identical twins strikingly corroborates the view.

The question of inheritance of criminality is not established except in so far as the etiology is found in the inheritable traits of feeble-mindedness, feeble inhibition, or defective internal secretions.

The bearing of consanguinity upon mental disorders is confined to matings in which both parents carry some recessive defect.

HAS PROHIBITION INCREASED DRUG ADDICTION? A Preliminary Study. By Cora Frances Stoddard. *Scientific Temperance Journal*. September, 1920.

To ascertain what, if any, effect prohibition was having on the use of drugs, a questionnaire was sent to every state board of health and to every city of over 80,000 population. Official statistics were requested indicating the prevalence of drug addiction, past and present; the extent to which drug addicts were formerly alcoholics; whether inmates for institutions for treatment of addicts were increasing; or whether there were recent regulations which might affect statistics.

Thus far replies from 19 state officials and 20 city officials have arrived. They indicate a great lack of general and statistical information as to the prevalence of drug addiction. Moreover, the data presented indicate that prohibition has not increased the use of drugs, and that where there seems to be such an increase since prohibition has come into effect, it is due to active enforcement of anti-narcotic laws and regulations.

Public attention has been drawn to the spread of the drug evil ever since prohibition laws first came into effect. The truth appears to be that the drug evil had long spread unobserved when its evil results began to force themselves upon public attention, not only in prohibitive states but also in "wet" centers. Further evidence showed that prohibition in the past has not been the chief cause of the spread of drug addiction, but that it comes through bad associations and the appeal of commercialism. Moreover, drug addicts are comparatively young, which suggests that the habit is not usually built on antecedent alcoholism. At the bottom of it all, indications are that it is the desire for profit which causes the spread and increase of drug addiction.

SYPHILIS AS A CAUSE OF INSANITY. By Elise Donaldson. *Public Health Reports*. Vol. 36, No. 3, January 21, 1921.

Statistics concerning the relation between insanity and syphilis are very meager. In order to ascertain the facts, a letter was sent to the superintendents of 159 state hospitals for the insane throughout the United States. There were 115 replies of which 88 contained data from which tables could be made. Occupational data were available in 65 instances. A wide geographical area is covered by the figures. It was pointed out in several of the replies that the lives of those whose insanity was due to syphilis are comparatively short, and that therefore the percentage is higher among admissions than among inmates.

The results of the inquiry may be summarized as follows:
Male inmates whose insanity is due to syphilis.....6.2 per cent.
Female inmates whose insanity is due to syphilis.....2.2 per cent.

Total inmates whose insanity is due to syphilis3.9 per cent.
 Male admissions whose insanity is due to syphilis15.5 per cent.
 Female admissions whose insanity is due to syphilis6.1 per cent.
 Total admissions whose insanity is due to syphilis10.4 per cent.

Of course these figures are not representative of the incidence of syphilis among the insane, nor the number of those giving a positive Wassermann. Some insane have contracted it after becoming insane and others contracted it before becoming insane, their insanity being due to other causes.

From the occupational statistics it was found that the seven classes of men contributing the highest numbers are as follows:

Laborers.....	1063	Carpenters.....	121
Farmers.....	236	Machinists.....	116
Salesmen.....	178	Railroad employees.....	112
Clerks.....	148		

Among the women the following occupations give the highest number:

Housewives.....	551	Domestics.....	93
House workers.....	153		

The only deduction one is justified in forming from these figures is that those who go insane from syphilis are not confined to one class, but are drawn from all classes and all occupations.

A final point to remember is that these figures deal only with the incidence of mental disorders due to syphilis arising among persons under public care, which is by no means all-inclusive.

THE VANISHING LESION: A NEW PROBLEM IN TEACHING. By C. Morton Smith, M. D.
Archives of Dermatology and Syphilology. Vol. 2, No. 5, November, 1920.

With scientific progress, the syphilitic lesion is tending to disappear. This is due to four causes: early diagnosis, better treatment, prohibition, and education. With the decreasing opportunity for observing primary lesions the medical profession will become less keen in recognizing syphilis. Even now many cases of extragenital syphilis, which are diagnosed as cold sores, infected tonsils, etc., are found later on to have been syphilitic lesions. Because of such circumstances it is necessary to look for some teaching substitute for syphilitic lesions. Ordinary photographs show only site, number, and relative size of lesions, and fail to give coloring. Few of the atlases of colored plates are of practical value. Wax models and water colors of skin lesions are expensive and impracticable. The greatest hope is in the application of color photography. If this becomes available, some of the threatened dangers will be overcome as far as recognition by sight is concerned. Nothing, however, can supplant the knowledge of indurations to be gained by handling. Touch and sight are both necessary procedures. Just this sort of a problem is waiting to be solved by some philanthropists or foundations, for it is a problem which requires much financial aid. What could be a more humane thing than to make available for students sets of colored negatives and wax models which could be utilized by them in learning to identify primary lesions, the skin eruptions or mucous lesions of syphilis?

SYPHILITIC SCARS OF THE SPIRIT. By Joseph Collins, M.D. *Journal of the American Medical Association*, Vol. 74, No. 18, May 1, 1920.

The author has encountered in his many years of experience many cases in which the syphilitic disease was conquered, but in which the functional restoration was not

complete. When such a disease is of intracranial contents, the symptoms are more conspicuous than when they are of the intraspinal contents. For instance, a tabes may be brought to a standstill, and the only evidence of a syphilitic scar is sexual impotence or slight impairment of vesical tonus. In syphilitic encephalitis, however, the scar may display itself as an impairment of intellectual and emotional capacity which, though slight, may turn the victim from success in life to failure.

A typical case is given in which the victim was a young man of twenty-six years, who through his own merits had attained success in the mercantile line. He married and acquired syphilis from his consort. At first he complained of dizzy spells. Later he seemed to lose control of his faculties. He behaved like a man out of his mind. His face became paralyzed. In a half year the man was run-down, nervous, incapable of maintaining the high position he had attained. His weight was reduced from 130 pounds to 98 pounds. He had attacks of stupor. After thirty intravenous arsphenamine treatments extending over one and one half years, he was pronounced cured. Three years later, although the man was conscientious about looking for work, he had not been able to attain a position for which his previous experience and education qualified him. His soul bore the syphilitic scar, and it will bear it until his death. Though cured, he is but an image of his former self.

Such experiences as this teach that syphilis of the nervous system is a curable disease; but the lesson learned is that the earlier the treatment, the greater is the victim's chance of complete functional recovery.

THE PRESENT STATUS OF VENEREAL DISEASE CLINICS. By John W. Hart, regional consultant, United States Public Health Service. *Public Health Reports*, Vol. 35, No. 47, November, 1920.

This was written as a result of a survey of the 444 cities of over 15,000 population, made in February, 1919, by the United States Public Health Service.

The questions covered the following points: location of the clinic, equipment, methods of sterilization, methods of recording cases and histories, personnel, cost of operation, and standards for clinics.

In considering the ideal location for the clinic it was decided that it is best to have it centrally located—in office or municipal buildings—in order that opportunity be given the patients to conceal the nature of their visits.

As for equipment, the following requirements were considered as essential for adequacy: necessary appliances for the treatment of anterior and posterior urethritis with their complications; appliances for the proper preparation and administration of arsphenamine and neoarsphenamine; apparatus for the sterilization of instruments, etc.; a water still and sufficient supply of drugs for the treatment of gonorrhea, syphilis, and chancroid, according to the requirements issued by the United States Public Health Service. It is interesting to note that 56.8 per cent of the clinics surveyed were equipped with live-steam sterilization and only 3.9 per cent were equipped with chemical sterilization.

The records consisted of the history of the patients and record of treatment. A complete history is one which gives the name, address, age, sex, color, marital condition, source of infection, and the usual information of the family history, past history, present illness, date of exposure, period of incubation, treatments received prior to applying to the clinic, and general information. Records of treatment must include the patient's condition at the time of treatment, date and type of treatment given, with notations of reactions, serological examinations, and other aids to control of treatment.

Personnel of these clinics are supplied by the city, state board of health, private organizations, or by the hospital in which the clinic is located.

The total cost per month per clinic is on the average \$376.71. Of the clinics surveyed the average cost per patient per treatment is estimated to be \$1.80.

The 202 clinics from which data were received were divided into five classes according to equipment and efficiency. Four of the clinics were found to qualify for standard "A"; seven qualified for standard "B"; fourteen for standard "C"; fifty for standard "D"; and the remainder of the clinics qualified for standard "E."

In the following, the first column gives the requirements for a standard "A" clinic. Types "B," "C," and "D" are like "A" with the exceptions indicated.

Class "A"	Class "B"	Class "C"	Class "D"
Central location			Equipment omitted
Adequate equipment			
Adequate means of sterilization			
Complete histories			
Complete record of treatment			
Convenient source of water		No distilled water	No distilled water
One or more nurses			
A social worker		No social worker	No social worker
A clerk			
Open at least five days a week	Open 3 days	Open 3 days	Open 3 days
Open four hours a day	Open 3 hours	Open 2 hours	Open 2 hours
Night hours			No night hours
Good treatment		Fair treatment	Fair treatment
Conveniently accessible laboratory	No laboratory	No laboratory	No laboratory
No fees charged			Fees allowed
Properly advertised		Not advertised	Not advertised
Follow-up system		No follow-up	No follow-up
Per capita cost \$1	Cost \$1.25	Cost \$1.50	Cost \$2
Daily average attendance, 25		Attendance, 15	Attendance, 12

The information relative to the clinics gained through the survey has been used to stimulate the clinics to do better work.

NEW LEGISLATION FOR THE CONTROL OF VENEREAL DISEASE. Part II. Walter Clarke. *International Journal of Public Health*, Vol. I, No. 3, November, 1920.

Since most of the readers of SOCIAL HYGIENE are familiar with the material contained in Part I (*International Journal of Public Health*, Vol. 1, No. 2, September, 1920) which

deals with new legislation in America and the self-governing British dominions, a summary of Part II only is given.

In Europe there is great diversity of policy in dealing with prostitution and venereal disease. There are three groups into which the different policies fall. Oldest, historically, is the regulationist group, which includes at the present time France, Spain, Belgium, Greece, and Germany. The second group is the abolitionist group which includes Great Britain, Switzerland (except Geneva), Italy, and Holland. The third classification includes those countries in which compulsory measures are in force, particularly the Scandinavian countries. In the remaining countries, Austria, Poland, and Czecho-Slovakia, conditions are so unsettled that it is difficult to know in which classification they should be placed. In some cases evidence is so obscure that not much can be said about such countries as Russia and the Balkan states.

Regulation has probably been most thoroughly tried out in France. The main features are:

1. Inscription—official registration of women prostitutes.
2. Police restrictions, such as confinement to certain streets or sections of the city or to houses during certain hours, and numerous other minor rules.
3. Medical inspection, including periodical examinations and compulsory treatment of inscribed women.

The essence of the principle of regulation is the official acceptance of professional prostitution as a fact or even as a necessity, and the adoption, in view of this acceptance, of measures having for their purpose the maintenance of and protection of health.

In France there are 119 clinics in operation, 101 being held in hospitals. The Ministry of the Interior gave out a circular in which he said that the regulation of prostitution should be placed in the hands of the Bureau of Hygiene.

The policy of dealing with the venereal diseases in Spain is similar to that of France. The police keep a registry of the prostitutes and houses of prostitution and do not let registered women avoid examination. Physicians receive a fixed salary and are not allowed to treat prostitutes outside of the dispensary where treatment is given gratis. Special sanitary taxes are provided to defray the expense of this work. The King has decreed the creation of an Antivenereal League in the Ministry of the Interior. This league studies the problems of prostitution and advises the government with regard to necessary measures.

The abolitionist policy has reached its fullest development in Great Britain. There has been very little new legislation. Great Britain's policy provides for the suppression of brothels; the suppression of flagrant and disorderly soliciting; the protection of young people from vicious influences and the prevention of prostitution, these activities being in the hands of male and female police and probation officers; and the free diagnosis and treatment of venereal disease. The government has established a policy by which it defrays 75 per cent of the expense of operating venereal-disease clinics. Vigorous educational work is being carried on.

The other abolitionist countries of Europe are Holland, Italy, and Switzerland, except the city of Geneva, where regulation is carried on. Holland has also advanced in combating the diseases by establishing means of free diagnosis and treatment. Italy has progressed splendidly in the treatment of venereal diseases, special attention being given to the building up of a confidential service.

The "strictly abolitionist countries" are Sweden, Norway, and Denmark. They have in addition built up a structure of public-health law for the direct control of venereal

diseases. The Scandinavian countries are in some respects the most advanced countries and are following to their logical conclusions the accepted principles of sanitation as applying to the control and prevention of the venereal diseases. Sweden has the most recent laws upon the subject. Regulation was completely abandoned. Provision is made for the treatment of the diseases, the state coöperating with the local authorities. Every person infected with a venereal disease is compelled to submit to treatment until cured. The transmission of infection is punishable under certain conditions. Doctors must report the presence of venereal disease as soon as they diagnose the case. Provision is made for refractory persons in order that they may not become a menace to public health. Measures are taken for the prevention of the spread of infection through marriage. Denmark and Norway have had a form of notification in operation for many years. It is interesting to compare the legislation of Sweden with that of United States. The principles are identical.

There remains but one other feature of legislation which is very important. That is the international agreement concerning the "white-slave traffic." It has the purpose of preventing the international commerce of women for purposes of prostitution. These beginnings in international agreements for the destruction of this vicious trade have been advanced in the Covenant of the League of Nations. In it is stated that members of the League "will endeavor to take steps in matters of international concern for the prevention and control of diseases." This manifestly includes venereal diseases.

NOTE AND COMMENT

THE CLEVELAND SURVEY.—The complete bound reports of the Hospital and Health Survey of Cleveland, Ohio, made last year under the direction of Dr. Haven Emerson, formerly commissioner of health of New York City, and a large staff collaborating, have recently appeared. The survey was made at the request, and under the auspices of the Cleveland Hospital Council, the expenses being met by appropriations from the Community Chest of the Cleveland Welfare Federation, of which the Council is a member. The field is divided into nine sections dealing respectively with the following branches which were investigated by the following staff of experts: Public Health Services and Private Health Agencies, Dr. Emerson and Dr. Louis I. Dublin; Child Health, Dr. S. Josephine Baker; Tuberculosis, Dr. Donald B. Armstrong; Venereal Diseases, Dr. William F. Snow and Dr. Alec N. Thomson; Mental Hygiene, Dr. Thomas W. Salmon and Dr. Jesse M. W. Scott; Industrial Hygiene, Dr. Wade Wright; Medical, Dental, and Pharmaceutical Education, Dr. Emerson; Nursing, Miss Josephine Goldmark; Hospitals and Dispensaries, Dr. Michael M. Davis, Jr.; assistant director, Dr. Gertrude E. Sturges.

Two volumes of the survey reports are devoted to general statements regarding the environment and sanitation of Cleveland, the method of the survey, and other explanatory material. The entire report is a notable example of public health surveying and publicity and can be obtained as a whole or in sections from the Cleveland Hospital Council, 308 Anisfield Building, Cleveland, Ohio. The Survey Committee, under whose immediate auspices the work was done, consisted of Malcolm M. McBride, Chairman, Mrs. Alfred A. Brewster, Thomas Coughlin, Richard F. Grant, Samuel H. Halle, Otto Miller, Dr. H. L. Rockwood, and Howell Wright, secretary.

The venereal disease section of the survey was made by a staff of investigators contributed by the American Social Hygiene Association, consisting of Dr. Alec N. Thomson, Bascom Johnson, Mrs. Martha P. Falconer, and Franklin O. Nichols, working under the general direction of Dr. William F. Snow. This report consists of five sections: general statement, medical phases, legal aspects, protective social measures, and sex education. Under each head the investigators have set down what has been done in the past in Cleveland in the various phases of venereal disease control and have made specific recommendations for a comprehensive program of social-hygiene activities for the future. Says the report:

“Past accomplishments of the city of Cleveland in the combating and control of the venereal diseases may be summed up by saying that, aside from such treatment facilities as have been available through the dispensaries, the City Hospital, and the general medical profession, no appreciable amount of continuous, constructive work has been done. In this respect Cleveland does not differ from many other cities of the same size; but, with its remarkable community spirit, one is surprised to find that it has not forged ahead in this field during the past few years. The Division of Health has made some sporadic attempts under great handicaps to educate the public, and the clinics have grown steadily, but no concerted effort can be said to have developed.”

In addition to this lack of adequate clinical facilities and hospital care for venereal-disease patients, laws for the prevention of infection through sexual promiscuity, while in the main adequate, are largely inoperative on account of lack of enforcement. Other social and educational phases, such as playgrounds, community recreation and study groups, etc., while existing, have not been thoroughly appreciated as factors in the control of venereal diseases nor adequately correlated with the social-hygiene campaign.

The medical facilities are limited and poorly distributed. There are three dispensaries in which help is given to the very poor as well as to those who are able to pay.

"The Lakeside Hospital clinic is inadequate in facilities, owing to the poor building, crowded conditions and depressing surroundings. Those in charge, however, are competent, interested, and anxious, and give as good treatment as possible under the difficulties with which they must contend.

"Mt. Sinai Hospital has a well-arranged, clean, efficient clinic, managed in a kindly human way. The follow-up system is particularly good.

"St. Vincent's Hospital venereal clinic has grown so fast that the administrative machinery does not run smoothly. The staff is irregular and the treatment, accordingly, spasmodic.

"The City Hospital, where those in need of hospital care are treated, has never been entirely satisfactory. The building is in such a wretched state that no work can be done well."

During the recent period over which statistics were compared, these clinics treated cases of venereal disease as follows: Lakeside, 1062; St. Vincent's Charity, 140; Mt. Sinai, 250. It is plain that the concentration of syphilis cases in the Lakeside clinic makes for overcrowding and poor treatment. The survey recommended that the growth of this clinic be checked, the other clinics be encouraged to expand, on the west and southwest sides of the city especially, and that new ones be opened.

Gonorrhea, particularly gonorrhea in women, does not have adequate clinical treatment.

Among the many recommendations in the medical section of the survey the following are some of the more important:

Emphasis on the importance and value of laboratory diagnosis; standard regulations for procedure, equipment, and inspection of laboratories. No discrimination among venereal disease patients, it being a common practice at present to refuse them. A dispensary for treatment and a special department in every general hospital.

That the Academy of Medicine bring to the attention of all the physicians of Cleveland the sociological aspects of venereal diseases and place squarely before the doctor his peculiarly strategic relation to the problem. That the present so-called "government clinic" be developed into a diagnostic and advisory clinic as a part of the proposed central downtown dispensary, maintained, or closely supervised by the Cleveland Department of Health.

That publicity by small and attractive placards be given all the clinics in such places as railroad stations, industrial plants, public toilets, etc.; that more educational work be done in all the clinics by means of personal interviews, pamphlets, wall charts, etc.; that all clinics be supervised by the Department of Health under reasonable standard minimum requirements for equipment and service and that no dispensary be permitted to treat gonorrhea or syphilis unless these requirements are met.

The establishment of a Venereal Disease Bureau in the Division of Health under a full-time medical officer with the necessary nurses and assistants to conduct a comprehensive campaign for the eradication of the venereal diseases.

Section 3, dealing with legal aspects, calls attention to the present Ohio law on prostitution—that of July 21, 1919—as one of the best in operation in the United States, being modeled in part upon the standard form law recommended by the federal government. It was suggested, however, that the law should be strengthened by an amendment providing that the city Division of Health should be immediately notified of the arrest of any persons charged with a violation of section 13031 of the General Code relating to promiscuous sex delinquents, thus enabling the Division to make examination for venereal diseases where there are reasonable grounds for believing that such persons are infected, before they are released on bail or otherwise. Says the report:

“The purpose of this amendment is to separate the detection, diagnosis, and treatment of venereal disease, from the detection, diagnosis, and treatment of delinquency. Experience has shown again and again that police and courts are confused and diverted from the solution of the problem of delinquency with which they are charged, by imposing medical or quasi-medical duties upon them. Furthermore, this mixing of venereal disease and delinquency is not in the best interest of public health.”

The survey also recommended the amending of the law for the diagnosis and treatment of mental defectives to make available to every Cleveland court which handles cases of sex delinquency, competent psychiatric service for routine mental examinations. The amending of the Ohio injunction and abatement law “to make it easier for individual private citizens to bring suit under this law,” was a further recommendation. The laws against white slavery, keeping disorderly houses, and rape are adequate, according to the report, but the “age of consent” law should be amended to apply to boys as well as girls under 16.

While the condition of the laws in general appears fairly satisfactory, therefore, the administration and enforcement of these laws are less so, according to the report. The survey recommended the establishment of a women’s police bureau, adequately staffed, to devote its attention to inspection of dance-halls, hotels, etc., to patrol the streets and parks, and to oversee delinquent girls on probation. The establishment of a women’s court and a finger-print system of convicted sex offenders were also considered essential by the survey staff.

In regard to vice conditions the survey found no evidence of the existence of a red-light district, of open houses of prostitution, or of public soliciting, but the situation at many of the hotels was found to be such that prostitutes were permitted to operate with impunity, according to the report. Clandestine prostitution appeared to flourish, and none of the city departments was apparently aware of the existence of the new state law against prostitution above mentioned. If this were properly enforced, long sentences would be substituted for futile fines.

Section 4, on protective social measures, refers to recreation only incidentally, as an exhaustive recreation survey has recently been compiled by the Cleveland Foundation and many of the recommendations of this survey are already being put into effect. The protective work for girls in theaters, dance-halls, parks, etc., cannot be properly handled, says the report, by the voluntary efforts of the unofficial Women’s Protective Association which has been in existence for some time. This section of the report therefore reinforces the plea of the legal section for a women’s police bureau.

Cleveland does not take adequate care of its mental defectives, and colonies for feeble-minded sex delinquents, with a system of rehabilitation and vocational training, are recommended.

Section 5, relating to sex education, suggests a general plan for this work in Cleveland under the heads of "For Children," "For Young Men and Women," "For Parents and Leaders of Public Opinion," and "Permanent Sex Education Measures."

INTERNATIONAL EUGENICS CONGRESS.—The Second International Congress of Eugenics, a preliminary announcement of which has recently been sent out, will be held in New York City, September 22–28, 1921. The Congress will be organized upon the same general plan as that of the First International Congress held in London in August, 1912, under the auspices of the Eugenics Education Society and the presidency of Major Leonard Darwin. Since that time no international gathering of scientific men interested in racial problems has been feasible. Now, however, the disturbing effect of the war on economic, social, and biologic conditions throughout the world has seemed to demand a larger measure of international coöperation on eugenic problems. While the sponsors of the Congress recognize that for years to come, expenditures of time and money must be concentrated upon problems of reconstruction and social betterment growing out of the war, they nevertheless feel that it is equally important that the attention of the civilized world should be focused afresh on the necessity of hereditary improvement of individuals and peoples.

The program of the Congress will consist of papers and special addresses by leading eugenicists of Europe and America. They will be presented in four sections as follows:

1. Genetic problems; the results of research in the domain of plant and animal breeding and in human heredity.

2. Population problems; factors which influence the human family and their control, differential fecundity and mortality of superior and inferior stocks; improved mate selection; the declining birth-rate.

3. Racial differences; fundamental characteristics of the human racial stocks, their migrations, intermingling and varying rates of multiplication, their influences on history and future social policies.

4. Sociological problems; eugenics in relation to the state, to society, and to education; practical applications of eugenic research.

The point of view of the Congress, as set forth in the preliminary announcement, is as follows:

"It will be the design of the Congress to advocate no revolutionary changes, but to discuss the whole subject of pure and applied eugenics fairly and temperately in such a manner as will make clear the beneficent effects of the application of eugenic standards among men and women, as we have long since learned to apply them to the improvement of races of animals and plants. The spread of eugenic principles must be through education of proper sentiment concerning the responsibility of parenthood. In a world where artificial civilization has interfered with the order of nature there is need for the revival of eugenic ideals in marriage.

"In each section the Congress will present carefully worked out facts and the immediate and practical conclusions to which they lead. Special stress will be laid on the results of experimental and statistical research. The importance of the intellectual, sociological, and economic aspects will, of course, be pointed out in the section devoted to these various fields.

"The Congress will best serve the present needs of humanity, not by minimizing the force of social environment and culture, but by emphasizing the force of heredity and by setting forth the simplest and most natural methods of encouraging fit strains and of controlling and discouraging the unfit. In the appropriate sections will be brought out, under different aspects, the principle of the continuity of hereditary characteristics through the continuity of the germ-plasm, and the vital importance of influencing, if possible, the future of the race through increasing our knowledge of the processes of heredity in man directly, as well as indirectly through studies of heredity in other forms of life."

The officers of the Congress are as follows: honorary president, Alexander Graham Bell; president, Henry Fairfield Osborn; treasurer, Madison Grant; honorary secretary, Mrs. C. Neville Rolfe (Mrs. Sybil Gotto); secretary-general, C. C. Little. A general committee consisting of about one hundred leading American citizens, representing all walks of life, is in charge of the Congress. Information on all matters regarding the Congress may be obtained from the secretary-general, Dr. C. C. Little, American Museum of Natural History, 77th Street and Central Park West, New York.

THE SOCIAL BACKGROUND OF THE DISEASE PROBLEM.—The following statement is a summary of recommendations presented before the Ontario Public Service Commission, on December 1, 1920, by a group of social workers called together by the Toronto Branch of the Canadian National Council for Combating Venereal Diseases. It suggests that many reforms must be undertaken, aside from the mere provision of treatment, if we are really to grapple with the venereal-disease problem.

General Statement. It should be recognized that the primary functions of all Police Courts should be preventive rather than punitive and a stimulation of interest in the social aspects of crime should be encouraged.

General Recommendations. (a) That adequate quarters be provided for the housing of all courts and for police activities, with proper waiting-rooms and cells.

(b) That a Court of Domestic Relations be established.

(c) That the duties of the Morality Department be more closely defined.

(d) That adequate machinery be provided for enforcing the Deserted Wives' Maintenance Act.

(e) That a woman magistrate be appointed, to alternate in her duties between the Women's Court and the Juvenile Court, and to deal with all cases pertaining to women and girls.

(f) That an adequate staff of probation officers be secured for the Juvenile, Women's, and Men's Courts, whose duties would include the investigation of cases, the keeping of records, and the correlating of activities of the agencies for rehabilitation.

(g) That complete records of all cases be kept by a card index system. (At present, complete records are kept only of those cases charged with indictable offences.)

(h) That a detention home be established for the reception of court cases which require observation, or mental and social examination.

(i) That a psychiatrist be attached to all courts to examine cases with previous court records (recidivists) and those where mentality is in question.

(j) That women's courts should be used exclusively for cases in which women are concerned. That the public should be excluded from the women's courts in all cases in which the details of evidence would be injurious to public morals, with a view to raising the general tone of the court.

(k) That a representative of the Department of Public Health should be present during the sittings in the Men's Court, in order to see that all men charged with sex offences are examined for the detection of venereal diseases.

(l) That the criminal and public-health aspects of such cases should be kept distinct and separate.

(m) That in the administration of laws, unfair discrimination against women sex offenders should be guarded against.

(n) From a preventive point of view, the fine system is useless in such cases, and should be reinforced or replaced by constructive work aiming at rehabilitation.

(o) That flippant accounts by the press of serious proceedings should be discouraged.

(p) That women police are needed on the streets, in parks, skating-rinks, dance-halls, and movies, as preventive agents.

(q) That greater activity of the police is needed to prevent street solicitation and sexual promiscuity.

(r) That the police be stimulated to greater activity in the enforcement of present legislation in regard to bawdy-houses, and that special officers be detailed to deal with this work.

HOSPITAL LIBRARY AND SERVICE BUREAU.—The Hospital Library and Service Bureau has been organized to collect, compile, and index data along the following lines:

1. The Hospital field, which includes methods of determination of needs of hospital service, community surveys, financing, and types of hospitals.

2. Construction of hospitals, including plans, materials, and costs.

3. The operation of hospitals, including organization and administration.

4. Training of hospital personnel.

5. Organized activities relative to the hospital field.

6. Associated information, such as vital statistics, industrial and other compensations, and legal information.

7. Hospital literature, which includes periodicals, reports, statistics, and books relative to the hospital field.

The Bureau will serve gratuitously national hospital, public-health, nursing, social-service, and other organizations, or individuals interested in the construction, equipment, and operation of hospitals, sanitariums, dispensaries, health centers, and institutions of like nature. It was created by the American Conference on Hospital Service, of which Dr. Frank Billings is president, and Dr. Harry E. Mock, treasurer. Miss Donelda R. Hamlin is director of the Bureau, which has offices at 22 East Ontario Street, Chicago.

HONOR WHERE HONOR IS DUE.—The Nobel prize in medicine for 1919 has been awarded to Dr. Jules Bordet, director of the Pasteur Institute at Brussels, and professor in the University of Brussels. He is the author of several books on immunity, on which subject he is well qualified to write. It is recognized that Bordet was for the most part the discoverer of the reaction termed the fixation of complement, which furnished one of the basic principles in the development of the Wassermann reaction.

It is interesting that one with whom Bordet worked earlier in life should also be the recipient of a well-deserved honor. The Grand Cross of the Legion of Honor has been bestowed upon Dr. Roux, director of the Pasteur institute at Paris. Dr. Roux is the discoverer of the anti-diphtheretic serum, and collaborated with Metchnikoff in his researches on a prophylactic for syphilis.

A NEW PUBLICATION.—*Atti della Società Italiana di Genetica ed Eugenica* is the official organ of the Italian Society of Genetics and Eugenics, the first number of which made its appearance in July, 1920. The purpose of the Society is to promote such research as will tend to perfect knowledge of the laws of heredity and development, with special attention to the human race. Among those interested in the project are Professors Ernesto Pestalozzi, Corrado Gini, A. Ghigi, and Drs. Cesare Artom and Marcello Boldrini, men prominent in the field of science in Italy.

ALL-AMERICA CONFERENCE ON VENEREAL DISEASES. Final reports are not available at this writing on the proceedings of the All-America Conference on Venereal Diseases, held in Washington, D. C., December 6-11, 1920. Complete news accounts of the Conference were published in the *Social Hygiene Bulletin* for January, 1921. A preliminary report containing resolutions of the General Conference Committee has been prepared and is now being circulated among the various members of that committee for approval and revision. Readers of **SOCIAL HYGIENE** who are interested in the findings of the Conference may secure further information by addressing: Temporary Office, All-America Conference on Venereal Diseases, Room 1108, 105 West Fortieth Street, New York City.

SOCIAL HYGIENE BIBLIOGRAPHY

FROM DECEMBER 1, 1920 TO FEBRUARY 28, 1921

Compiled by

JANET F. MELVAIN

Librarian, American Social Hygiene Association

- ABENSOUB, LÉON. Le statut de la femme mariée et l'égalité des époux. *Demain*. Oct.-Nov.-Dec. 1920, p. 361-366.
- ANITA, M. J. The social evil. *Social Service Quarterly* (Bombay). Oct. 1920, p. 75-77.
- BARNETT, AVROM. Foundations of feminism. New York: McBride, 1921. 245 p.
- BENNETT, ARNOLD. Our women: chapters on the sex-discord. New York: Doran, 1920. 264p.
- BIERMAN, WILLIAM. Lecturing on sex hygiene. New York City Health Department. *Monthly Bulletin*. Dec. 1920, p. 282-284.
- BOUSFIELD, PAUL. The elements of practical psycho-analysis. London: Kegan Paul, 1920. 276p.
- BOWDOIN, JOSEPH P. Seriousness of syphilis to railroads and their employees. *Urologic and Cutaneous Review*. Jan. 1921, p. 32-33.
- BOWERS, GEORGE BALLARD. Legalized vice in the Philippines. *The Light*. Jan.-Feb. 1921, p. 27-31.
- BOYDEN, P. H. The prevention of venereal disease in the royal navy. *Journal of State Medicine*. Jan. 1921, p. 13-16.
- BURNHAM, ATHEL C. The community health problem. New York: Macmillan, 1920. 149p.
- CLARKE, WALTER. Combating venereal diseases in armies. *International Journal of Public Health*. Jan.-Feb. 1921, p. 61-73.
- CLEVELAND HOSPITAL AND HEALTH SURVEY. Report. Cleveland: Cleveland Hospital Council, 1920. 11 parts.
- COMMITTEE OF INQUIRY INTO SEX MORALITY. The state and sexual morality. London: Allen and Unwin, 1920. 77p.
- CONI, EMILIO R. La higiene pública en Francia y Argentina. Buenos Aires, 1920. 16p.
- DONALDSON, ELISE. Syphilis as a cause of insanity. *Public Health Reports*. Jan. 21, 1921, p. 67-80.
- DRAKE, DURANT. Problems of conduct. An introductory survey of ethics. Boston: Houghton, 1921. 455p.
- ELIOT, CHARLES W. Present and future social hygiene in America. *International Journal of Public Health*. Jan.-Feb. 1921, p. 24-27.
- EVERETT, RAY H. The cost of venereal disease to industry. *Journal of Industrial Hygiene*. Sept. 1920, p. 178-181.
- FERNALD, MABEL RUTH, and others. A study of women delinquents in New York State. New York: Century, 1920. 542p.
- FIELDING, WILLIAM J. Rationalizing the fight against venereal disease. *Rational Living*. Feb. 1921, p. 146-152.
- FRASER, A. MEARNES. The prevention of venereal diseases. *Journal of State Medicine*. Jan. 1921, p. 17-25.
- GALLICHAN, WALTER M. A textbook of sex education for parents and teachers. Boston: Small, 1921. 294p.

- GALLOWAY, THOMAS WALTON. The sex factor in human life. New York: American Social Hygiene Association, 1921. 136p.
- HALL, THEODORE. Notes on venereal disease in the army based on the study of 10,000 cases. *Military Surgeon*. Nov. 1920, p. 569-573.
- HARRISON, SHELBY M. Social conditions in an American city. New York: Russell Sage Foundation, 1920. 439p.
- HAVILAND, MARY S. Character training in childhood. Boston: Small, 1921. 296 p.
- KELLOGG, FOSTER S. The unmarried mother before and after confinement. *Mother and Child*. Feb. 1921, p. 74-80.
- KEMPF, EDWARD J. Psychopathology. St. Louis: Mosby, 1920. 762p.
- KOEHLER, M. The voluntary determination of sex. The factors which determine the development of male and female animals. *Scientific American Monthly*. Dec. 1920, p. 322-324.
- LEREDDE, E. The organization of the campaign against syphilis in France. *International Journal of Public Health*. Jan.-Feb. 1921, p. 28-33.
- M McNABB, SIR DANIEL. The part of the naval medical officer in the campaign against venereal disease. *Journal of State Medicine*. Jan. 1921, p. 6-12.
- MOORE, JOSEPH EARLE. The value of prophylaxis against venereal diseases. *American Medical Association Journal*. Oct. 2, 1920, p. 911-915.
- MOXCEY, MARY E. Physical health and recreation for girls. A handbook for girls and volunteer leaders. New York: Methodist Book Concern, 1920. 82p.
- MYERS, GLENN E. Mental health of children. *American Journal of Public Health*. Jan. 1921, p. 55-62.
- NORTHCOTE, HUGH. The social value of the study of sex psychology. London: Francis, 1920. 19 p.
- PETER, GUSTAV. Das Verhalten der poliklinischen Geschlechtskranken gegenüber den ärztlichen Anordnungen. Beitrag zur Methodik der Bekämpfung der Geschlechtskrankheiten. Basel, 1920. 15p.
- PACHE, HENRI L. The rôle of the district nurse as a factor in the campaign for the prevention of venereal diseases. Vermont State Board of Health *Bulletin*. Sept.-Dec. 1920, p. 9-11.
- POPENOE, PAUL. Soziale Hygiene in den Vereinigten Staaten. Bonn, 1920. 24-31, 60-63 p.
- PRYTEK, ARTHUR. Die Versorgung der Geschlechtskranken in Kleinstädten und ländlichen Kreisen. *Zeitschrift für Bekämpfung der Geschlechtskrankheiten*. Bd. 19 (1919-20). Nr. 11 u. 12, p. 277-285.
- REID, SIR G. ARCHDALL. Prevention of venereal disease. London: Heinemann, 1920. 447p.
- RIGGS, CHARLES E. Venereal statistics of the army and navy. Washington, 1921. 15p.
- RIVERS, W. H. R. The unconscious. *New York Medical Journal*. Nov. 20, 1920, p. 789-794.
- ROUT, ETTIE A. Prevention of venereal disease. *New York Medical Journal*. Jan. 8, 1921, p. 49-51.
- SHAFFER, CARL W. The problem of administering venereal prophylaxis in cities adjacent to army camps. *Military Surgeon*. Nov. 1920, p. 574-579.
- SMITH, GEORGE GILBERT. The control of venereal diseases. *Boston Medical and Surgical Journal*. Dec. 30, 1920, p. 756-759.
- STOECKENTUS, WALTHER. Beitrag zur Bekämpfung der Geschlechtskrankheiten. *Zeitschrift für Bekämpfung der Geschlechtskrankheiten*. Bd. 19, Nr. 11 u. 12, p. 257-272.
- STOPES, MARIE C. Radiant Motherhood. New York: Putnam, 1921. 246 p.
- TRIDON, ANDRÉ. A new psychoanalytical theory. Kempf's dynamic mechanism. *New York Medical Journal*. Nov. 20, 1920, p. 794-797.

Social Hygiene

Vol. VII

July, 1921

No. 3

THE DISTRIBUTION OF WEALTH AS A EUGENIST SEES IT

ROSWELL HILL JOHNSON, M. S.¹

Professor of Geology, School of Mines, University of Pittsburgh

No issues are more significant for the future well-being of the human race or bulk larger in the public mind to-day than those which involve the continuance of our present modes of distribution of wealth. This is conceded by every thoughtful person wherever his sympathies or judgments may lie in regard to points of controversy. To the extent to which the existing method of distribution can be held to contain the salt of soundness in respect to the maximum development of personality, as far as scientific criteria can be applied thereto, the rationally minded must concede its desirability and formulate their social policies accordingly.

The two outstanding problems are:

1. To what extent is economic status correlated with desirable germinal qualities?
2. To what extent is racial contribution correlated with economic status?

The first of these, of course, assumes the essential validity of modern theories of the inheritance of moral and mental traits. The second resolves itself into three distinct problems, those respectively of (a) viability, (b) nuptiality, (c) fecundity, all of which are factors in determining the total contribution of a given stock to the social population.

¹ The author desires to acknowledge the coöperation of Mr. Kenneth M. Gould in the preparation of this paper.

The attack on these two most vital lines of investigation is greatly hampered and obscured by unscientific thinking and romanticizing. It is a fundamental psychological law that we prefer conclusions that are pleasurable, and unconsciously conceal from ourselves the disagreeable, especially where it involves defects in our own personalities. Hence arises the reluctance of mediocrity to admit the existence or importance of variable germinal qualities. This is a vice peculiarly characteristic of a political democracy like the United States, wherein a strong equalitarian prejudice has existed almost from the beginning of our national experiment and has become, in fact, a fixed tradition.

But let us analyze vigorously the biological aspects of the present economic system, and then examine the few instances where quantitative observations of the problem have been made and correlations of some sort measured.

The competitive economic world, in several important ways, is selective of superior ability. It will not do, of course, to press these suggestions too far, nor is it claimed that the same factors operate universally or with equal intensity or justice to all concerned. But they are certainly present in some degree and may even be called the rule in the industrial and business world to-day.

1. The search for employees is selective. In the civil service, federal, state, and municipal, and increasingly in the private commercial world the passage of competitive examinations is a requirement for employment. This is a highly desirable tendency worthy of extension and the examination content should be psychologically studied and improved. But even where the examination method is not in use, executives have almost universally recognized the necessity of some principles of selection in employment. Frequently the independent judgment of others is called for and compared. The possession of diplomas and honors of various kinds is a distinct factor in many professional and technological pursuits; and in almost every occupation the previous positions held and salaries received are inquired into. All of these factors act selectively to sift the wheat from the chaff.

2. Promotion is selective. Whether it be for the purpose of holding men, or to promote the morale of organizations, or to

stimulate to greater or more consistent production, or simply as the reward of proved merit in the special qualities needed in a given industry or business, promotion recognizes superior ability. There is of course the element of "pull" which frequently enters in. Some will perhaps feel that the business world is so permeated with this that actual merit seldom gets its deserts. Making due allowances here, it is, however, often the case that even the so-called "pull" is based upon superiority of some sort—family connections, possession of tact or other desirable social qualities, having won the admiration of judges whose opinion is highly respected, aggressiveness, etc. The defeated are naturally wont to attribute the success of the winner to favoritism. The star scholar is always "teacher's pet" in the minds of the laggards.

3. Regularity of employment is another element which attaches in some measure to superior germinal qualities. This is not to deny the possibility of temporary or even prolonged unemployment due to misfortune or economic depression. But the superior workman is ordinarily not the first to be dropped in such periods of stress. Neither is he subject to other types of interferences which are concomitant with physical, mental, or emotional deficiency. He is less liable to protracted illness, on account of better personal hygiene. He is less frequently in trouble with the law through arrest and imprisonment. He is not handicapped by habits of inebriety or drug addiction which render him temporarily inefficient or jobless. He is, of course, seldom constitutionally psychopathic, the victim of an instability which makes his relations with himself or his fellowmen difficult.

4. The process of choosing one's profession or occupation involves a considerable degree of judgment of one's fitness for the opportunities in a particular calling. This is no mean type of ability in those who have been especially successful in finding a congenial vocation which calls forth their best knowledge, energy, and satisfaction for the greatest return.

5. Superiority is likewise manifested by the avoidance of unwise investments and the choice of wise ones. This obviously plays a large part in the stability of accumulations of capital of any

size. All persons who have cash are subject to the blandishments of salesmen efficient in the promotion of their own products or investments. To criticize them shrewdly and resist those that are unreliable is necessary where money is to be retained. This is a mark of calm and well-informed judgment.

A few compilations of data bearing on the subject of correlation between desirable germinal qualities and economic status have been made. As yet this is a but slightly cultivated field, but one that deserves the best efforts of sociological, psychological, and eugenic investigators. The following examples are illustrative:

1. Paterson¹ made a mental survey of the school population of a Kansas town of 2,500 inhabitants using Pintner's Mental Survey Scale. The town is a railroad center and is divided into an east and a west side by the railroad. East of the tracks are the homes of the laboring class, mostly railway trainmen and shop mechanics. West of the tracks live the business and professional classes. The results for the east side school and for the west side school were calculated and presented separately. Using the percentile method, the median indices for the six grades of the east side school ranged from 32 to 52.5 with the median index for all the children at 45, while those for the corresponding grades in the west side school ranged from 49 to 70, and the median for all children was 59. When the grades were distributed into five classes of ability (dull, backward, normal, bright, very bright), the distribution among children of the laboring classes was markedly skewed toward the left (lower grades of mentality), while the curve of the children of the business and professional classes was skewed to the right. The writer states that the tests involved in this study are not objective measures of "beliefs, customs, or political, religious, and educational traditions," but are rather measures of native endowment, relatively uninfluenced by social and economic forces. He contends, therefore, that the inferior mental ability of children found in poor social surroundings is not due to the social factors involved, but to the mental inferiority of the parent stocks.

¹ Donald G. Paterson, *School and Society*, vol. vii, No. 160, pp. 84-89, Jan. 19, 1918.

2. Kornhauser² made a comparative study of the financial standing of parents as indicated by possession of telephones (a significant index of economic status) and the intelligence of their children. One thousand school children chosen at random were distributed into three divisions: (a) Retarded—those whose actual grade in school was one year or more under the theoretically normal grade, assuming regular promotion of one whole grade each year from the age of six on. (b) Normal—those who were at grade. (c) Advanced—those whose actual grade was one year or more above normal. The distribution was as follows: retarded, 29 per cent; normal, 52.5 per cent; advanced, 18.5 per cent. The families of the same thousand children were subscribers to telephone service in the following proportion: families of the retarded children, 56 telephones, or 19.3 per cent (of the total telephones); normal, 168, or 32 per cent; advanced, 92, or 49.7 per cent. By the simple association formula of Yule, the positive coefficient of correlation between this intelligence of school children and the possession of telephones by their families was found to be .61. Evidently a real association exists in this case between school standing and economic standing.

3. Scott³ describes tests conducted by large tobacco and silk concerns upon the efficiency of their salesmen and employees. In the case of the silk firm, 26 employees, well-known to at least three of the bosses, were rated in numerical order by five bosses, following a personal interview of each employee by each boss. The men were then ranked according to their average output and corresponding value to the firm. The two rankings gave a positive correlation of .88, while the coefficients between the rankings of the various bosses ranged between .57 and .91, four of the five being over .8. This high correlation shows that ability as measured by impartial judges has its reflection in efficiency. That efficiency is appreciated and financially rewarded by the average industrial concern is generally true.

² Arthur H. Kornhauser, *Journal of Educational Psychology*, vol. 9, No. 3, pp. 157-164, October, 1918.

³ Walter Dill Scott, "The Scientific Selection of Salesmen," *Advertising and Selling*, Oct., Nov., Dec., 1915.

4. The Civic Club of Pittsburgh, an organization interested in all forms of social welfare, has for a number of years had a committee, of which I have had the privilege of being chairman, whose object is to secure scholarships for poor students of exceptional ability who would not otherwise be able to continue their education. This is a distinctly eugenic aim and it is highly desirable that no aspiring young man or woman of native talent should be deprived of the opportunity of proper training owing to adventitious financial circumstances or the humbleness of his origin. But the results so far have been meager because in fact it develops that the most promising students go to college, owing to the higher incidence of ability in families that are able to send their children. Interviews with teachers and pupils also reveal the fact that it is very infrequent that a brilliant student in grammar school fails to enter high school. It is well known that in high school and college those who graduate average greatly superior in record to those who drop out before graduation.

From these studies the conclusions may be drawn that there is some positive correlation between ability and income. That correlation is naturally most marked within a particular occupation group. It is less obvious between occupations. This is one of the many facts which makes a better and more scientific type of vocational guidance important, even imperative, in the near future.

In the past many factors of privilege or prejudice have existed which acted to interfere with the normal tendency of intellectual ability to find its proper level and secure its just reward. Many of these have already disappeared or are fast disappearing in our modern civilized nations, and I believe we may confidently expect that as time goes on there will be found fewer and fewer of such obstacles to the unhampered movement of talent and genius to positions of power and leadership in society.

For instance, the institutions of royalty, nobility, and caste are passing. The wars and revolutions of the past decade have probably set the seal of doom upon hereditary monarchy, and the privilege of the nobility has distinctly lost ground in the majority of Western constitutional governments.

The prejudice against the trades or commerce or against humble origins independent of ability, while still strong in some nations has, especially as the result of the war, shown a rapid decline.

Taxation is becoming increasingly graduated to the economic capacity of the individual. All varieties of income, estate, and inheritance taxes contribute to this general effect.

Unfair trade practices are being increasingly called in question, both by the arousal of public opinion against them and by governmental interference.

Unfair discrimination in the choice of advancement of personnel is still not rare, of course, but there are signs that public opinion is less indifferent to it than formerly, especially in the political field.

Finally, positive elements are helping to extend the incidence of opportunity and to graduate it more surely to negative capacities. Of these, the free public library is of first importance. Those who voluntarily profit by the public library system are obviously the most deserving from the standpoint of ability. Recent tendencies in education are also in the direction of greater adaptation to the distribution of intelligence in the general population. The growth of the mental testing movement in the schools is one phase of this, which, with the increase of competitive scholarships makes the inequitable holding back of talent less common.

Granted then that the evidence, meager as it is, at least favors the hypothesis that desirable germinal qualities are correlated to some extent with economic status, what are the implications of this assumption upon the problem of racial contribution?

In the first place, better economic status indubitably increases viability—whether this is an environmental or hereditary fact is beside the point. The effect upon both the vitality and longevity is there and can be measured. Numerous studies of infant mortality have proved that a child's chances of survival beyond the fatal first year of life increase in almost direct proportion to family income within the lower income groups. The significance of this for the race stream is that a greater percentage of children in

better economic status attain to maturity and become capable of reproduction.

As to the relation of financial condition to nuptiality, or the ratio of marriages per 1000 persons of all ages a given year, less can be predicated. Probably a higher financial status has little net effect upon the age of marriage. If anything, it tends to defer marriage, because the whole influence of education and the habits of forethought and calculated self-interest among the upper classes make for delay. Financial ability alone, of course, might be expected, other things being equal, to hasten and facilitate marriage, but unfortunately increasing standards more than counteract this possible effect.

There is likely, however, to be a helpful selective effect through the action of preferential mating. The young men and women of better financial status are sought for these reasons as well as for other qualities. Eligibility with those of a similar financial level is thus enhanced. This feature has been thought by some to be wholly an evil. It is only an evil when out of balance with other characteristics in the individual case.

When we come to a consideration of the birth-rate, the influence of economic status is a commonplace. Where, as in the United States, efficient means of birth control are known only to the well-informed and are prevented, because of legal interferences from widespread dissemination in the lower classes, birth-rate is almost inevitably correlated positively with ignorance, which is in turn a function of poverty. Where on the other hand, efficient means of birth control are widely known and no legal prohibitions exist, this correlation is reduced, because the naturally inhibiting effects of poverty on fecundity then have a chance to make themselves felt.

A third possibility which should appeal to those of a scientific mind who have in the past withheld their approval from the movement for birth control would be the setting up of moderate legal restrictions on birth control information, coupled with a eugenic birth control society which should concern itself with distributing information and approved devices to married couples of inferior germinal qualities. Of course, the basis of selection would have

to be esoteric, the ostensible reasons being those advanced on a purely sentimental basis by the existing birth control societies. I believe the lower-class Negro and the illiterate white birth-rates could be greatly reduced by such a system. The result would not be, as some analyze the situation, the substitution of complete knowledge for complete ignorance. If we compare the facts of the present status with the proposed one, we find that with the exception of the fraction of the population among which religious prohibitions operate, the great majority of the population is now using some sort of birth deterrents, generally ineffective and often harmful, in lieu of the desired more efficient means. The present rigidity of control is based on the desire to keep the more efficient means under control.

What then are the specific recommendations that the eugenicist might make looking toward a juster adaptation of economic conditions to native ability and the encouragement of a more eugenic distribution of racial contribution?

1. With respect to taxation, it should be recognized that there is a point above which incomes do not add to the desire nor the financial capacity for having children. Below that point, on the other hand, prudent parents will voluntarily have fewer children than they would be willing to have if their incomes warranted. The incidence of taxation, from the eugenic point of view, should be limited to those fortunes which rise above this point; in other words the biologically excessive wealth should be taxed. It is obvious that this dividing line is higher than the exemptions allowed by our present income tax law, which places the heaviest burden upon the salaried and professional classes which constitute in the large a very desirable portion of the population. To compensate for the loss in revenue here, a steeper gradation of inheritance taxes above the biologically excessive point would be possible. Exemption from taxation of all future bond issues should be abolished.

2. Proceeding on the principles outlined before, the removal of the present restrictions on the legality of sale and dissemination of literature, oral information, and means of efficient birth control

are desirable. But safeguards are needed against the abuse of such freedom and should be provided by the continued restriction of commercial advertising or public exhibition of such means as previously suggested, coupled with an active propagation of such information and distribution of approved means to the eugenically inferior. It is of course true that not all eugenists are agreed upon the best racial policy to be followed in regard to birth control. Here, at least, is a suggested one.

3. Legislation to promote fair play in business, prohibition of fraudulent methods, and education to a higher level of business ethics.

4. Sound vocational guidance, involving systematic mental measurements of all school children, the extension of continuation schools, trade testing and individual analysis, and free facilities for such service to older persons. More discriminating personnel work in business and industry generally.

5. Special educational opportunities for those especially fitted to profit by them, as opposed to the mistaken attitude of equality in present school ideals.

6. Support and extension of the free public library system.

7. Support of scientific laboratories, (a) for the benefit of inventors with technical ability but limited capital; (b) for those discovered to be peculiarly apt as scientific investigators.

8. Opposition to all social factors interfering with or postponing the marriage of superiors. Among such factors are graduate fellowships with inadequate stipends; educational isolation of the sexes in men's and women's colleges; over-elaborate standards of living and invidious display in expenditure; and too prolonged education for admission to the learned professions.

SOME DISGENICAL EFFECTS OF THE WAR IN ITALY

MARCELLO BOLDRINI

Dottore in Scienze Economiche, Rome

The effects of the war on the hygiene of the races are so complicated and intricate as to make full exemplification thereof practically impossible. However, all results of the war, from the most direct,—the death of vast numbers of the best of the young men on the battle-fields,—to the most remote, have an aspect that is disgenical or, using the word in its broadest and most general sense, eugenical.

At first, the military authorities, attentive to the menace to the physical efficiency of the populations arising from the state of war and the necessity for present and future measures for prevention and reparation, and the civil authorities, concerned with taking over the war industries and convinced of the political interest in avoiding demographic decadence, which is the point of departure of social and economic decadence, directed their efforts toward relieving the extraordinary conditions in which the population was living and toward obtaining remedies for preventing, controlling, and limiting the disastrous consequences. But the remedies taken were, necessarily, extremely hasty rather than organized, systematic, and of a preventive and reparative nature; not so much from the difficulty of reconciling exigencies directly contrasting, nor from the impracticability of the measures suggested by those who comprehended the burden of the situation, if nothing more; as from the lack of an exact notion of the evils themselves which, always difficult to estimate, are exceptionally so in wartime because of their rapid appearance and increase and the irregularity of their sequence. For this reason, if much has been done, there is still a great deal left to be accomplished and, since a large part of the causes of the disgenical disturbance have now been removed or are on the point of being removed, the situation must be made clear and the disgenical consequences

of the war defined with the greatest precision before determining the plan for post-war measures which must essentially be organic, systematic, and continuous. We are in the same position as the farmer who shuts himself in the house and watches the hailstorm through the windows after having brought in the few plants which he can protect and then, when the storm is over, goes out to estimate the damages before deciding what must be done. So must we consider the social cyclone which raged over Europe for six years, the havoc of which we are only now able to estimate. The program, then, is to draw up an inventory of the damages and means for reparation.

It is my intention to emphasize, first, the peculiar situation of Italy, a country which, perhaps more than any other, has suffered from the war because facing the same demands that confronted the other great nations, it had at its disposal less adequate means and instruments. I shall endeavor to put in evidence some of the disgenical effects of the war which, ordinarily, are given the least consideration but which, when brought to the attention, are seen to be of exceptional importance.

It is said, and not only as metaphor, that each population has its age. Age is not spoken of here in the historical sense (because such a concept would leave the empiric-scientific field to enter the philosophic); but in the sense of the average age, that is, the arithmetical average of the age of its components at a given time. Now it is clear that the high or low average age of a population depends upon its composition or whether the old or young have the greater preponderance. Hence, the average age of a population may be assumed to indicate its composition, according to age.

It is also said that a young population, whose average age is low, may look to the future while the past belongs to the old; that the one lives in memories while the other dreams of a future of power and success; that while the latter is content with the position attained and riches amassed, the former looks to developing and strengthening its power in the world and directing all its energies for the realization of a better to-morrow.

The Italian population, in 1914, was one of the youngest in western Europe. Estimating roughly, on the basis of broad divisions of age, we may consider that the average age of the populations of the three great powers of continental Europe, before the war, was practically the following: France, 28 years; Italy, 25 years; Germany, 24 years. The countries of the north are found to have the highest average age and Russia and the Balkans the lowest.

However, we may say that the war has increased the average age of the Italian population. Without conjecturing on the extent, as the data for the estimation would be insufficient and inexact, the reasons for the increase may be readily set forth.

For this, it is necessary to draw up a demographic balance sheet of the Italian war. The task is arduous and long and I do not intend to tire the readers with minute reference to the data and judgments on the basis of which I reached my results. I intend to give only a broad estimate but, in reaching this, I overlook nothing and feel confident of the value of the results.

Losses

Estimated number of births below normal for the five-year period, 1914-1918.....	1,132,000
Estimated number of deaths above normal from 0-1 year in the same period.....	144,000
Estimated number of deaths above normal from 1-5 years in the same period.....	40,000
Presumable total infantile mortality.....	1,316,000
Deaths in the army, all classifications (calculation of the Supreme Command).....	428,000
Estimated number of civilian deaths above normal for the five-year period, 1914-1918.....	172,000
Presumable total adult mortality.....	600,000
Presumable total losses.....	1,916,000

Gains

Estimated excess of emigrants over repatriates not occurring in the five-year period 1914-1918.....	1,106,000
Estimated number of repatriates in excess of emigrants in this period.....	450,000
Presumable total gains.....	1,556,000
Presumable net losses.....	360,000

Aside from the political and economic importance of the decrease in emigration and the intensified repatriation, with respect to the efficiency of the colonies without flags and the national commercial balance, it is probable that the immense demographic restoration of the Italian population could almost completely compensate for the losses caused by the war in the country.

But, if we analyze the various parts of the balance sheet, we readily observe that only the "deaths in war" and "estimated number of civilian deaths above normal for the 5 years" find actual compensation in the excess of repatriates over emigrants and, partially, in the limited emigration, since, in these classifications, the statistics are of adult males, the majority of whom are around the average age, while the other classifications in the statement of losses are of infants which find only partial compensation in the restricted emigration. Hence, the equilibrium of the ages of the Italian population has been destroyed by the war. The conclusion is, then, that the war has raised the average age of the Italian population.

At first, it would appear that in exchanging youths for adults, Italy had gained. The younger individuals displaced by the war, of whom perhaps 60 per cent had reached the twentieth year and who were capable of giving returns later only by an expenditure of capital, are certainly not as valuable as adults capable of producing and reproducing.

However, a population is a living organism and will always be such. Its future is formed from its present as the present has been formed from the past, and, in a certain sense, is the past. The reproductive classes are nourished by the continuous wave of young classes which surge forth as the leaves are nourished by the sap which mounts from the trunk and roots. The infants of to-day represent the reproducers, workers, and defenders of the country of to-morrow, and the present decrease of their numbers will have its effect on the future generations for an indeterminable time.

The sudden advancement of the age of the population, aside from reasons of an economic, social, and military character,

must be considered one of the most serious evils of the war from a eugenical and social-hygienic point of view. And from this evil, Italy, a young nation, has suffered more than the older nations. A proportionally identical diminution of the young men in France has had, in fact, less effect on the average age of the nation in which the young men represented a lesser majority of the total population and, for this reason, the effect was less disastrous for our sister nation than for us.

In many instances, good quality compensates for loss in quantity. However, the quality of the present young generation, in spite of its eminent characteristics, does not make up for the limited numbers. The reasons are many, but only one of the most important will be set forth here. I cannot give statistics to prove what I would say for the entire kingdom of Italy, but must base my proof entirely on data which I have accumulated for the city of Rome.

From a study of 3005 families of married soldiers, belonging to the working classes, who were in service outside the city for a certain period of time, it appears that while the annual pre-war fecundity per thousand was 317, the fecundity for the period of military service, limited exclusively to soldiers who have returned to their families on leaves of absence or on special missions, decreased to 92 annually per thousand. Thus 100 annual births in the pre-war period were reduced to 29.

On the other hand, the annual fecundity of the married men of Rome, taken as a whole, from 15 to 50 years, decreased from 246 per thousand to 187 per thousand, that is, from 100 in the pre-war period to 76. Nevertheless, this decrease, although apparently less, was relatively greater than the decrease in the fecundity of the soldiers. This is explained by the facts that not all the married men from 15 to 50 years belonged to the working classes, not all of them were soldiers, and not all of those who were soldiers were in service outside of Rome. To this it must be added that the group of married soldiers in question during their service in the army, of course, grew older, while the group of married men from 15 to 50 years upon the basis of which the annual fecundity was calculated, received constant accessions,

and therefore, renewed itself without growing old. In short, it may be said that if the annual fecundity of all the married men decreased, as did that of the soldiers belonging to the working classes, from 100 to 29, the number of births per thousand married men, would have decreased from 246 to 71, instead of to 187 as appears.

On this basis, and taking the absolute figures of the birth-rates, we can say that if all the married men had been soldiers and had been in service outside Rome, their fecundity would have been reduced to the level of the fecundity of the absent soldiers belonging to the working classes, and the average birth-rate per annum before the war would have been reduced from 15.312 to 4.428 instead of to 11.677 as actually happened. If, instead, there had been no war, the births would have remained at 15.312. The difference, $15.312 - 4.428 = 10.884$ births, indicates the assumed loss, in case that all the married men had been in military service, while the difference, $15.312 - 11.677 = 3.635$ births, indicates the actual loss. The difference between the assumed loss and the actual loss, equal to 7.249 births, indicates, approximately, the births attributable to the married men who were not soldiers and to those soldiers who were stationed in Rome. These 7.249 births represent 62 per cent of the total of 11.677 births, which indicates that at Rome, during the war, approximately 62 per cent of the births were attributable to men who were not soldiers and to soldiers who were in service in the city. We do not know what percentage of births may be attributed to them in normal times. It is certainly much less than 62 per cent, either because the number of births in families of soldiers at the front belonging to the working classes was very low during the war, or because, ordinarily, this class is more prolific than the other classes of married men.

In consideration of the selective method on which the conscription was based, the soldiers were, necessarily, the best individuals from a physical and, probably, psychical point of view, and, in all probability, capable of transmitting to their progeny the marks of their superiority. For this reason, during the war,

a great proportion of the children born must have been of an inferior nature because fathered by men who had been rejected in the Army and were, hence, less perfect physically and mentally and by wives who, by virtue of the influence of sexual selection and, taken as a whole, were certainly not the best.

Practically as much may be said of those soldiers who, for the greater part of the time, were in service in the city. Those soldiers who were not at the front were, in part, employed in the war offices, but the great majority, in Rome at least, were those who were the oldest and the less perfect physically, while a large number were the timid who had succeeded in escaping the dangers and hardships of the camp, the "embusques," as they were called in Europe. Hence, they were individuals who were inferior to the actual soldiers whom duty kept from their families. There is no reason, therefore, to be optimistic about the inheritance given by them to their children. The conditions which we have set forth for Rome apply, generally speaking, to all the large cities but certainly not to the country districts where the evils from the state of war must have been greater in regard to the quality of the births.

In the country districts, the division between soldiers and civilians was more distinct. The "grey zone" of soldiers who were not in actual service was completely missing or very rare and there was a total lack of war office employees. And, for reasons easy to understand, the selection exercised by conscription was more rigorous in the country districts while, on the other hand, the temporary return of the soldiers was less frequent, occurring only when on leave or, in rare instances, on special missions. For this reason the percentage of the births attributable to the civilians was higher and the proportion of inferior births relatively greater.

We must admit, as we have already affirmed, that if the war births were few, their good quality cannot be depended upon to compensate for their numbers. We must also observe that this lamentable condition must have been intensified in those nations whose conscriptions were more rigorous and who had in

service a greater number of drafted classes. It is probable then that the quality of the births in France, first, and then in Italy, has suffered more from the state of war than the quality of those of the other great allies.

In Italy, making due allowances, the war births do not in fact present such an element of inferiority as is generally thought and alluded to. It was said at one time that emigration had brought to our country "money and infidelity."¹ (Note: The Italian word "corno" means *horn* or *plenty*; the plural has the meaning, among other things, of "infidelity" which is implied here, although in English it is impossible to indicate the double significance of the word.) In the case of the war, which in many respects resembles emigration, there might be substituted for the word "money" the word "misery," without substantially changing the form and significance of the aphorism. Let us state, however, that in the case of war likewise there is much exaggeration. The illegitimate birth-rate is not, in truth, perceptibly changed.

Let us make a calculation, comparing the legitimate births with the illegitimate, and the illegitimate births of the whole kingdom of Italy (exclusive of the provinces invaded by the enemy in 1917, for which there are no data) with the illegitimate births of any province of the war zone, i.e., that portion of the country in which soldiers were quartered at any time during the war.

Considering the legitimate and the illegitimate birth-rates of the kingdom of Italy in the period 1913-14 as normal, or 100, and making 100 also the illegitimate birth-rate in four provinces of the war zone in the same period, we obtain for the successive years the figures indicated in the following table. Knowing the actual rates, and the populations upon which they were calculated, we can then arrive at the presumable number of the illegitimate births to be attributed to the presence of the army. The diminution found in the legitimate births for the Kingdom at large agrees, substantially, with the diminution found in the illegitimate births which proves, in short, that a state of war has no special influence on the illegitimate birth-rate. However,

¹ F. Coletti. *Dell' Emigrazione Italiana, in Cinquanta Anni di Storia Italiana*. Milan, 1912. p. 230.

in the four provinces of the war zone taken into consideration, the illegitimate births have maintained themselves somewhat higher than the illegitimate births of the whole Kingdom, and

Kingdom of Italy			Four provinces of the war zone	
	Legitimate births	Illegitimate births (exclusive of 5 invaded provinces)	Illegitimate births	Presumable number of illegitimate births to be attributed to the presence of the army
1913-14	100	100	100	—
1915	99.5	91.4	93.9	70
1916	79.2	69.1	79.4	248
1917	62.3	63.2	78.0	371

the difference is presumably due to the presence in them of the mobilized army. But it is easily demonstrated that this fact should not be given too great importance. On the basis of numbers indicated, we estimated in the last column of the table, the absolute numbers of illegitimate births to be attributed to the presence of the army in the four provinces considered; they are 689 births in three years as against a total of 6389 illegitimate births, that is, about 11 per cent. If also in 1918, for which we have no data, an increase was found in the presumable number of illegitimate births to be attributed to the army, this percentage would probably not be greatly increased.

We shall next seek to ascertain the probability of adulterous births, due to the concentration of the army in some provinces. It may be thought that given a smaller ratio of adulterous births in the provinces of the interior of the Kingdom of Italy than in the provinces of the war zone, where the army assembled, the coefficients of legitimate births might also be diminished more in the former than in the latter, and that therefore an equal diminution should attest an influence of the presence of the army in some provinces on the adulterous births that was practically nil.

Acting on this assumption, let us make equal to 100 the legitimate birth-rate of 1913-14 taken as normal for the whole kingdom of Italy and for 4 provinces of the war zone. We shall obtain

for the following years the figures indicated below. We shall therefore be led to admit that the influence of the army on adulterous births, at least in four provinces of the war zone, was practically negligible.

	Kingdom of Italy Legitimate births	Four provinces of the war zone Legitimate births
1913-14	100	100
1915	99.5	98.4
1916	79.2	79.5
1917	62.3	62.0

The mobilization of the army, the concentration in a small territory of so many young men on whom the popular sympathy was centered, the separation of the heads from their respective families, the deteriorated economic and housing conditions—in short all the conditions created by a state of war—would appear to have contributed very little to increasing the “children of nobody,” the “sons of the good God,” as they are picturesquely designated in many parts of Italy, and to introduce into the families of soldiers those elements of discord to which allusion is made with so much pessimism in the popular phrases which we quoted above. The facts are that wives in general, and especially wives of the border districts, remained true to their husbands, away for the immediate defense of their own families and homes; the girls did not go beyond the limit in the enthusiasm which led them to give all proper sympathy to the fighters; while the soldiers knew how to profit moderately by the opportunities which they had for being well received by the people and above all by the feminine element.

But like all medals this one also has its reverse side. The scarcity of illegitimate and adulterous births of course affirms little regarding the sexual good behavior of the soldiers.

During the first months of the war, a decree of General Cadorna, which indicates the nobility of mind of this leader, prohibited all soldiers of whatever grade, from associating with public women, calling to each one's attention his duty of preserving all his

energies, both moral and physical, for the good of his country. The decree did not have, however, quite the effect desired; clandestine vice began to flourish and orders of all kinds to combat the evil appeared impotent. In order to restrain the menace, it was necessary to choose a new line of conduct; that is, it was necessary to regulate the evil in order to be better able to supervise it and in any case to safeguard the army from physical as well as from moral harm, which is implicit in the former. In such a way it came to be recognized, in a certain sense, that the soldier had a right to a sexual life, irregular but controlled; to divert his desire for the women left in the country, and also for those with whom he was in daily contact. This is probably one of the causes of the comparative scarcity of illegitimate and adulterous births of the war zone, of which we have spoken. The good with which we are occupied is therefore a good obtained in part, at least, at the expense of evil, and is therefore evil in its turn. But social hygiene has profited by it to some extent, at least, and it is that with which we are concerned at this moment.

Up to now we have spoken of the influence of the war on the number and quality of births. Before concluding, the subject merits a sketch of the prospects which the conditions created by the war itself present in regard to the births of the future.

Among the many ways in which the war has dangerously influenced the quality of those whom the sons of peace have bred and will breed, there must be placed in the front rank, at least in Italy, the increase of tuberculosis, malaria, and mental diseases, that is to say, those affections which without being definitely inheritable, certainly influence the physical and psychical constitution of the descendants.

The enormous increase found in mental disease and mortality through tuberculosis and malaria, making a singular contrast to the tendency toward diminution observed in the last period of peace, hinges directly on the conditions brought about as regards the country, the soldiers, and the civil population. The deteriorated sanitation system; the renewal of tubercular activity by the strenuous life of the army in carriers of the bacillus who had been

erroneously adjudged inactive and declared fit for military service; the lessened power of resistance of the soldiers, weaker than in the past, and of the population, less carefully nourished; the repatriation of half a million prisoners who had largely been exposed to the contagion; these are to be mentioned among the more important reasons which caused the scourge of tuberculosis to appear again after a period of secure and promising regress. According to figures of the *Direzione Generale della Sanita' Pubblica* (Central Bureau of Public Health), the average death-rate for tuberculosis in 139 cities increased from 1914 to 1917 in the ratio of 100 to 123, and according to the statistics of the American Red Cross for 26 cities, making the death-rate of 1914 equal to 100, those of 1917 would range from 100 to 170, showing only two cases of regress. The year 1918, if we trust the figures of the Red Cross compiled for 16 cities, shows a new and perceptible ascent.

As for malaria, it is enough to remember the condition of the waters disturbed by the military works and by the thinning of forests; the lessened attention to tracts for cultivation, owing to the labor crisis; the formation of stagnant pools in the military excavations and in the hollows caused by the large grenades; the stationing of large contingents of troops in the malaria zones of the Kingdom and of the Balkans, with no other serious prophylactic precaution than a daily dose of quinine, little welcome, and for that reason I suppose, unused by the soldiers; the bad sanitary and alimentary conditions—these are reasons for the rapid progress of the malady. According to statistics of the *Direzione Generale della Sanita' Pubblica*, the death-rate for malaria increased from 1914 to 1917 in the ratio of 100 to 128, while in the same period the death-rate in 139 cities increased 554 per cent. There are no statistics for 1918 which, it is believed, would indicate a new and intensive progress of malaria, while 1919, as appears, in virtue of the intensive anti-malaria campaign and of the adoption of new means of combating the mosquito after the studies of Senator Grassi, would indicate, at least in certain sections, the beginning of a noticeable improvement.

The increase in mental disorders caused by the war cannot of course be demonstrated by the figures at hand and it does not seem that the subject could be presented as having special characteristics in Italy. However, its importance seems of such significance as not to admit of its being passed over entirely; we must, therefore, consider it in a secondary way. When countries like the European countries have for years subjected the greater part of their own male youth and a quota of their civil population to the life of war and that of prison, it cannot be supposed that from this there have not ripened fruits dangerous for the mental hygiene of the race.

An American physician, Dr. Norman, who has devoted an interesting study to mental disorders caused by the war, says in substance, that the persons who are exposed to grave shocks, who have been struck by aerial shells, who have been exposed to violent explosions, without having been apparently wounded, who have lost a great part of their resistance through fatigue, anxiety, insufficient sleep, etc., during the war—that these have to contend with serious morbid afflictions. Such persons frequently present mental disorders which may be considered as new forms, even if medical practice confuses them, as I suppose, with the customary hysterical manifestations; forms for which, if there is no need of creating a suitable nomenclature, there is at any rate an urgent need for accurate study and records to reveal the symptoms observed and to suggest the methods of cure. These deserve to be completed together with others related thereto which have been present for a long time in prison camps. The disease of the prisoners which is usually called “barbed-wire disease” (“*malattia del reticolato*,” “*psychose du fil de fer*,” “*Stachel drahtfieber*”), according to the studies of a Swiss doctor, Vischer, has points of contact with those special forms of neurasthenia which are manifested in barracks, in prisons, during exploration trips, and during long sailing voyages, and which are characterized by the intolerable compulsion of living with casual companions who never change.

We must not neglect to mention the influence of the war on the state of mind of the civil population, now a prey to patriotic

exaltation at each success, now to despair which possesses their minds at the announcement of military reverses, always preoccupied and anxious as to the fate of their own relatives and friends at the front.

It is clear that the social-hygienic aspect of all the factors mentioned should not be overlooked: the populations affected by both mental and physical burdens in greater measure than in the past do not give assurance as to the fit constitutional qualities of the offspring produced by them, and which will come to light in the next few years. The effects of the mental state of the progenitors on their offspring, according to an English report, on the statements of German doctors, was already observed during the war.² There is mention made of scraggy new-born babies, with a peculiar coloring, wrinkled skins, continually grasping with their hands. As to those suffering from constitutional maladies, they have been the object of study for a long time and do not need to be especially considered here.

The war, therefore, in Italy as elsewhere and in certain respects more gravely, brought out two principal groups of harmful effects, striking both in number and quality those who are universally known as "war infants" ("figli di guerra," "Kriegsneugeborene") and threatening the physical and psychical constitution of a large number of adults who will be the parents of a generation of "peace infants."

We have endeavored to set forth these evils as clearly as possible, and this, it may be said, constitutes the first step toward remedy. At this point the task of students ends. The problem of eugenic reconstruction, which through the numerous interferences characterizing the social life, has strong points of comparison with economic reconstruction, is of such political significance that it cannot but fall in the sphere of governmental action and therefore claim, together with the second, the attention of those who are or will be in later years at the head of the state.

² *Editor's Note:* Such occurrences, if actually substantiated by experiment, would prove that there is such a thing as maternal prenatal influence, which is not generally accepted by biologists to-day.

THE BIOLOGICAL BEARING OF ARMY MENTAL TESTS

ARTHUR H. ESTABROOK, PH. D.

Eugenics Record Office, Cold Spring Harbor, N. Y.

The physical and mental examination of the men drafted for military service during the world war was the first complete national health survey of any large group carried on in this country. Although it comprised only the males between the ages of 21 and 31 inclusive, nevertheless it gave a cross-section of the make-up of the human family. These examinations showed the status of this section of the population as it existed in 1917-18. The results were in no way affected by war conditions.

All men within the drafted age were examined by the medical officers of the local draft boards in their home communities before being sent to the army camps. Thus the more pronounced cases of physical and mental defects were eliminated at once and never reached the various army cantonments. On the mental side these included the idiots, some of the imbeciles, the well-recognized cases of insanity, and the known epileptics. The other mental cases such as the higher grades of feeble-mindedness and various forms of nervous and mental unfitness, were not discovered in a great number of cases until an examination was given by the neuro-psychiatric and psychological boards at the cantonment.

The Surgeon General of the Army had early recognized the necessity for a mental survey of the prospective troops, and had created in his office at Washington two divisions, one of Neurology and Psychiatry, and the other of Psychology. It was the function of these two, by intercorrelation, to know and act on the problem of the mental hygiene of the army. The work of the Division of Neuro-psychiatry in brief showed the following results: that the army returned to the civil community about 70,000 men unfit for *any* military duty because of mental defects. These men are classified under eight headings and attention is again called to the fact that none had been wounded.

<i>Defect</i>	<i>Number</i>	<i>Per Cent</i>
1. Mental defect	21,858	31.6
2. Neuroses or functional nervous disorders	11,443	16.5
3. Psychoses or mental disease	7,910	11.4
4. Organic nervous disease	6,916	9.9
5. Epilepsy	6,388	9.3
6. Constitutional psychopathic states	6,196	8.9
7. Glandular disorders affecting growth	4,805	6.9
8. Inebriety (alcohol or drugs)	3,878	5.5
	<hr/> 69,394	<hr/> 100.0

The Division of Psychology was responsible in great part for the discovery, examination, and certification of the group of mental defectives. It should be noted here that the actual discharge of these cases was effected by the neuro-psychiatrists, in many cases on recommendation of the psychological boards. The Division of Psychology also made other investigations and studies which have significance of eugenical nature.

But let us first consider in detail the work and organization of the psychological group. In each camp were several trained psychologists with a staff of workers whose particular function it was to carry out the specific purposes of this section, which were:

1. The discovery of men whose superior intelligence suggested their consideration for advancement.

2. The prompt selection of men mentally inferior and their assignment to special work-organizations suited to their various abilities.

3. To form organizations of uniform mental or superior mental strength where such particular mental strength was desired.

4. To select suitable men for training in various army duties or for special training in technical schools.

5. To recognize early the mentally slow as contrasted with the stubborn or disobedient.

6. To discover men whose low grade of intelligence rendered them a burden and a menace to the service, and to take steps for their discharge.

To facilitate the attainment of these objects three kinds of mental tests were used:

a. Alpha, a group test for men who could read and write English. This test material is arranged so that each question may be answered by an underlining, checking, or crossing out. This can be given to as many simultaneously as can be gathered in one place, and in less than an hour.

b. Beta, a group test for foreigners or illiterates. The instructions were given by pantomime and demonstration. The answers were made by marks on a printed form. The intelligence is measured by use of concrete or picture material instead of printed language.

c. Individual tests: The Yerkes-Bridge Point Scale, the Stanford Revision of the Binet-Simon tests, and a performance scale, the latter being adapted from the Pintner-Paterson set of performance tests.

Theoretically those who failed in Alpha were given Beta; then those who made a low grade in Beta were given individual tests. In many cases the literates were not given the intervening Beta examination but received individual attention at once. A letter rating was secured for each person. Thus the rating a man earned furnished a fairly reliable index of his ability to learn, to think quickly and accurately, to analyze a situation, to maintain a state of mental alertness, and to comprehend and follow instructions. However, these ratings alone are not entirely indicative of a man's value to the service. They do not measure emotional traits or his special capacities, such as courage, the power to command, mechanical ability, and the like. But the claim can fairly be made that they constitute the best single index of all-round superiority so far evolved. The score is little influenced by schooling. Some of the best records have been made by men who had not completed the grammar grades.

The letter ratings are:

A. Very superior intelligence, earned by 4 or 5 per cent of a draft quota.

B. Superior intelligence, less exceptional than that represented by A, and obtained by 8 to 10 per cent.

C+. High average intelligence, 15 to 18 per cent.

C. Average intelligence, 25 per cent.

C—. Low average intelligence, 20 per cent. Persons able to do satisfactory work of a routine nature.

D. Inferior intelligence, 15 per cent. Slow in learning, with little initiative, requiring more than average amount of supervision.

D— and E. Very inferior intelligence, about 10 per cent. D— men were those who were inferior in intelligence but capable of service in development and labor battalions, and E those mentally unfit for service and for whom discharge was recommended. The majority of D— and E men were below the mental age of ten years.

Perhaps the most important work accomplished by the psychologist was the immediate rejection of draft men who were so mentally inferior as to be unacceptable to the army. These were the middle- and high-grade feeble-minded and many constitutional psychopaths who could be found only through lengthy individual tests. These men were returned immediately to their families and to their home communities, and resumed their former places in society. The army could not afford to lower its efficiency by having such misfits in its ranks and so returned them to be a burden to society as before. Society is beginning to realize this burden.

The conscientious objectors formed another group of interest to the psychologist. These were men who objected to compulsory military service for many reasons, personal, religious, and otherwise. A few studies have been published concerning the mental make-up of these persons. The results of the complete mental tests given by the writer to the conscientious objectors in but one Southern camp showed in general that they were either abnormal or defective with the exception of a few who had clear-cut, well-defined scruples against service, and a few sects such as the Quakers. Several cases of dementia praecox were found in this group. Some, however, were found to be of an intellectually superior type. Lieutenant Lincoln at Fort Leavenworth and other examiners whose conclusions have been set forth report

that the conscientious objector type was above the average of all drafted men mentally. The writer does not make a generalization for the entire group of conscientious objectors, as but one camp was under his observation. Many who claimed only religious reasons as a basis for release from army service were willing to perform non-combatant duties, such as could be found in the medical department in the care of the sick. One man was known to have accepted stretcher-bearer service at the front, a more hazardous duty than that of infantryman. It will be interesting and valuable to have family history studies of many of these conscientious objectors whose names are, of course, on file in the offices of the War Department in Washington.

Observation was also made of the malingerers, i.e., those who attempted to secure release by simulating either mental or physical disease or defects. Large numbers were found to be unstable mentally but not sufficiently defective to be unacceptable to the army for some useful and necessary occupation. The great majority were found acceptable for infantry training and work.

One may note particularly that men rated A, B, and C+, were found to be best suited for officer material, and were therefore the men picked first for training in officers' training camps. It was found through studies at these special camps, that men who had a mental rating below that of C+ were generally not sufficiently acute mentally to become officers and acquire the knowledge necessary in the short time allowed for such training. The statistical section of the General Staff of the War Department has stated that more officers were killed or wounded for every thousand who went to France than were killed or wounded for every thousand enlisted men who went overseas, and the eugenical significance of this statement is particularly poignant when we remember that the officers' average mental rating is found in the high mental group. This, coupled with the fact that it was the unfit who could not stand the pace of military service, who were sent home from the camps to perform their functions in society as best they could and to reproduce their kind, forms food for thought.

At many of the camps the psychologist examined the prostitutes who were arrested in company with soldiers. This was done at the request of the local representatives of the War Department Commission on Training Camp Activities. Here mental tests were given and individual family histories were secured as far as possible. The Commission on Training Camp Activities was doing its best to rid the camp areas of prostitutes and it welcomed the advice of the expert on mental conditions. Here again it was found that many of the prostitutes were either cases of dementia praecox or were high-grade mental defectives. After-care of these prostitutes was then made easy by commitment to some custodial institution or return to their homes when found advisable.

To the army the chief value of the psychological work lay in its ability to aid in the production of an efficient war organization. Its activities dealt largely with cacogenic persons, with less emphasis on the positive side of eugenics. However, the Division of Psychology at Washington has in its files a mental rating of one and a half million persons. It has lists of all the mentally defective and abnormal found, with more or less of their personal history attached. Thus, as a starting point, great eugenical studies could be made, and many valuable histories worked out. Finally, the cross-section of the mental and physical make-up of the population started in the great emergency by the army might be made the basis for a complete mental, physical, and social study of the entire population of the United States.

EUGENICS IN THE CENTRAL EMPIRES SINCE 1914

GEZA VON HOFFMANN

Budapest

Professor Erwin Baur, the famous geneticist and former head of the Biological Institute in Potsdam, said in the second year of the war: "I always thought that the time has not yet come to make eugenics practical. Yet I changed my mind. We lose our best men in the war; the birth-rate falls rapidly; so we must do something." At the same time he accepted the presidency of the Berlin Society for Race-Hygiene.

Formerly German eugenists believed that first our theoretical knowledge must be deepened. Accordingly Germans before the war published excellent books on heredity and allied topics, but made little attempt to popularize these sciences or to put them into practice. During the war the opinion of Professor Baur quoted above dominated all elements concerned. "We must make good our losses!" This was the aim of a movement which soon spread all over the country.

In the minds of average people or of educated men who were not biologists, this meant quantity, nothing but quantity. Of course quality was aimed at, too, but only such quality as could be obtained through education, sanitation, and other social means, not hereditary quality in a biological sense. This movement made no distinction between men and men. Every man, every new-born being, meant a unit which swelled the numbers of the population. It was truly a democratic movement, the supporters of which not seldom refuted eugenic arguments as anti-democratic. Almost all discussion concentrated upon the question of how to make the birth-rate rise, or rather how to assist the family with many children, without regard to the quality of the family stock.

The old science of population which did not yet know the achievements of modern biology, was again taken up, societies were founded for the cultivation of this science, books and articles appeared in great numbers, and congresses were arranged. The largest society founded at that time is the "German Society for

the Cultivation of the Sciences of Population" (*Deutsche Gesellschaft für Bevölkerungspolitik*) at Berlin, with a great number of members in all classes of society. It had committees at work in almost all fields of the social problems, always watching that the interests of large families be guarded when new laws or ordinances were issued. Official circles were inclined to accept the opinion of the society. It was in the line of the work of this society, when the Prussian Landtag, later also the German Reichstag, appointed parliamentary committees to study the population problem. These committees published several reports on the question of how to combat venereal diseases, laying much stress upon the foundation of free dispensaries. These were actually established all over the country. The parliamentary committees, however, did not finish their work, as far as I know.

Besides the society just mentioned, many others were founded with rather local significance. In Halle am Salle the *Bund für die Erhaltung und Mehrung der Deutschen Volkskraft* worked under the leadership of Prof. Emil Abderhalden, publishing a number of pamphlets and actively assisting families with many children. Similar was the work of the *Verein für Familienwohl* in Düsseldorf, and of the *Rhein-Mainische Gesellschaft für Bevölkerungspolitik* in Frankfurt am Main, which later became a local of the large national society named above.

Besides this "population" movement we have in Germany the eugenic movement, or, as the Germans call it after the word coined by Wilhelm Schallmayer, race-hygiene. Eugenics and race-hygiene are not quite identical, the second being a broader conception, but the explanation of the theoretical differences would lead us too far. Be it sufficient now to point out one practical difference. The motto of eugenics we may define as "Quality, not quantity." Race-hygiene says: "Quality and quantity."

This may be a reflex to the same stimuli—losses of the war and the falling birth-rate—which made the adherents of the population movement demand more and more children. But race-hygiene is well founded also biologically and its students showed clearly that the quality of the progeny in a given society cannot

be separated from its quantity. This is not the place to explain this statement and we mention it only in order to make clear the demands of race-hygiene.

The movement is organized in the German Society for Race-Hygiene, Munich, founded in 1905 by Dr. Alfred Ploetz, whose excellent articles in the first and third volume of his *Archiv für Rassen- und Gesellschaftsbiologie* (G. Teubner, Leipzig, editor) outline the program of race-hygiene.

The International Society for Race-Hygiene, also founded by Dr. Ploetz, did not actually work during the war, although international relations were not entirely disrupted. The German Society, with local societies in Berlin (Prof. E. Baur, Prof. Max Christian); in Munich (Dr. A. Ploetz, Prof. Max von Gruber, Prof. Ernst Rüdin, Prof. Fritz Lenz, J. F. Lehmann); in Freiburg, under the leadership of the famous anthropologist Prof. Eugen Fischer, author of the *Rehobother Bastards*, one of the best books on the question of illegitimacy; and in Stuttgart (Dr. Wilhelm Weinberg) did much to disseminate biological knowledge and to mitigate the one-sided "only-quantity" movement of the populationists. The aim of race-hygiene also is the raising of the birth-rate, but those of the best stocks only. Under the influence of its leading members, the Medical Society of Munich appointed a committee to study this question and published the fruits of nearly two years' work in a monograph which is the standard reference of German practical eugenics.¹

In order to raise the interest in problems of quality, the Berlin Society, together with about twenty of the leading organizations in social work, discussed thoroughly the question of marriage certificates. A special scheme was advocated, which was first put forward in Germany: the exchange of physicians' certificates between prospective partners in marriage should be made obligatory by law, but it should be left to the discretion of the contracting parties to follow the advice of the physician or not. The majority of the experts found even this scheme too far-reaching, accepting only the plan that the idea of consulting a physician

¹ The books and most important articles mentioned in this review are enumerated in the bibliography at the end.

before marriage should be popularized. Accordingly leaflets were prepared and distributed in great numbers in several states of the Empire, even through official channels. The Berlin Society for Race-Hygiene published the minutes of the discussion and continued to demand the legal enactment of the exchange of physicians' certificates. As far as I am informed, authorities in Berlin now seem to be inclined to accept the proposition.

The effects of the work of the Society for Race-Hygiene showed itself in most of the actions initiated by different societies or individuals in the interest of future generations. Besides the one-sided "*only-quantity* movement" and the "*quality-and-quantity* movement," we find therefore in most cases efforts to obtain "quantity" and a *little* "quality" too. Biological knowledge was not general enough to follow all the theses of eugenics or race-hygiene, but more or less was accepted. So the congresses held on these topics always discussed race-hygiene too. The semi-official *Zentralstelle für Volkswohlfahrt* organized a congress at Berlin in 1915, which was attended by more than a thousand persons, to discuss the question of how to strengthen the population in quantity and quality; the German Society for the Study of the Science of Population organized a similar congress in Darmstadt in 1916; the *Ausschuss für Volksvermehrung*, under the leadership of Pastor D. Weber, united a number of chiefly religious societies representing several millions of members and held many conferences; the women's organizations, the teachers, the postal employees, and so on, had all taken up these topics at their annual meetings, and race-hygiene formed always a part of the discussions. In February, 1918, a large congress was arranged in Berlin by the Society to Promote Friendship between the Central Powers (*Waffenbrüderliche Vereinigung*). The population question was fully discussed by the delegates of Germany, Austria, Hungary, and Bulgaria, but the shadow of the great antagonism between conservative and radical thought which later led to the revolution, already disturbed the discussion.

Of course, during the war in Germany a large mass of literature was produced which contained many excellent and original pro-

positions. We mention the plan of Zeiler, who wanted to levy very high taxes on families with few children and to give high benefits to large families. Zeiler worked out his plan in detail. A similar and more ingenious proposition was made by Hugo Froese. These and other plans tried to introduce some precautionary measures in order that the benefits granted might not become simple poor-law assistance, which would only induce the poorest classes of society to propagate at the expense of the tax-bearers, but this eugenical point of view was not always respected.

One of the propositions was actually adopted by the government of Bavaria. All the postal, railway, and telegraph employees of the state annually receive a certain amount for each child, in case at least three children are present in the family. The amount increases from 300 to 900 marks according to the salary of the employee. This is not much, but the difference is still felt, as the family with three children receives three times the amount, whereas to the family with fewer children no such assistance is granted.

Other government employees also receive some children benefit. The principle of assistance to large families is also adopted in the collection of taxes, i.e., bachelors have to pay higher taxes, although the benefits thus granted are very small. More effective were benefits of one mark a day paid to the wives of members of the army in case they nursed their children. This system may have contributed to the very low death-rate among infants during the war.

In Magdeburg a marriage office was opened to facilitate the remarriage of healthy war-widows and the plan was followed in other parts of the empire, also among the German population of Bohemia.

Of purely scientific work, we must mention the researches in family heredity started in Munich, the first work being that of Prof. Ernst Rüdin. Dr. Wilhelm Schallmayer published the third edition of his famous *Vererbung und Auslese* in 1918. This pioneer of German race-hygiene died October 4, 1919. Race-hygiene and allied topics were and are taught in some of

the universities, for instance by Prof. Alfred Grotjahn at the University of Berlin, Priv. Doz. Dr. Fritz Lenz at the University of Munich, and Priv. Doz. Dr. Max Christian at the Technical University of Berlin.

Since the end of the war almost nothing has been done in the field of eugenics. There are quite other thoughts now which agitate the minds of the best of the people. The adherents of the populationist movement are silent and negotiations have been taken up to unite the German Society for the Study of the Science of Population and the German Society for Race-Hygiene.

In Austria there never was much interest in eugenics. A certain group of savants, Dr. Rudolph Goldscheid, Prof. Paul Kammerer, and Prof. Julius Tandler, tried to introduce eugenics in Vienna, but they were above all party men, being fervent adherents of Social Democratic teachings. As in Austria and central Europe, almost all leaders of the socialist and communist movements are Jews, it is interesting to note that, as it is said, all members of the society founded by Dr. Goldscheid were Jews except one.

In 1917, the former minister Professor Mataja started a movement in Vienna the aim of which was identical with that of the German populationists, an Austrian Society for the Study of the Science of Population. Whereas in Germany there was a well-established eugenic movement which succeeded in giving to the populationist theories some biological foundation, in Austria there was no such parallel force working. Therefore the adherents of Mataja discussed the problem from the point of view of applied social science and statistics, but did not penetrate the field of biology or heredity. The society arranged a number of interesting lectures and a congress on the sanitary aspects of child welfare.

A congress was arranged at Vienna in 1916 by the *Deutsch-österreichische Zentralstelle für Volkswohlfahrt*, which discussed the population problem. Political agitation troubled even these meetings, as the radicals attacked the speakers who did not follow their teachings, including Prof. Johann Ude, of Graz, who is the champion of race regeneration in Austria on purely Catholic

lines. His *Volksheilzentrale* does much to popularize sanitary and other measures in the population.

In Bohemia researches were made in heredity in the *Ernestinum* in Prague, following the methods of Dr. H. H. Goddard, of America, and at the end of the war a Czech Society for Eugenics was founded.

The Hungarian people have always shown keen interest in measures which aimed at race regeneration or similar ends. Eugenics were early discussed in Hungary and at first the teachings of English and American eugenicists were followed. Later the German conception of race-hygiene was accepted, and in 1914 a commission was appointed to organize the movement. From the beginning the government has shown an active interest in the work and was represented on the commission. The outbreak of the war delayed preparations and it was only in 1917 that the Hungarian Society for Race-Hygiene and for the Study of the Science of Population was founded. The presidency was accepted by Count Paul Teleki, later minister of foreign affairs and prime minister, and leading men of science and public life were prominent in the movement.

As the name of the society indicates, the double movement which divided the efforts of race regeneration in Germany was united in Hungary from the beginning. Students of social science and of biology worked together in the greatest harmony. As biological knowledge in the population was and is still very scarce, the popularization of information on heredity was the first task. Lectures were held, courses and public discussions on eugenics arranged, pamphlets issued in great numbers. Still deficiency in knowledge was the greatest impediment to the introduction of practical measures, as men having the best will to do something could not always find the right solution when the time came for action.

Hungary was the first country on the European continent which accepted eugenics as a government measure. Count Teleki, when in 1917 appointed head of the Welfare Office for War Sufferers, declared his intention of introducing practical eugenics. I was called from Berlin and had the honor of directing the

necessary work. We thought the group of war sufferers mostly excellent stock from an hereditary point of view, best adapted for the first trial measures, which could later be extended to the population as a whole. Here also the chief aim was at the beginning to spread sound eugenical ideas. Lectures were held in all institutions where the mutilated and other victims of the war were treated or taught, pictures were posted everywhere, and leaflets distributed in great numbers. The army commandants also distributed these leaflets to the soldiers.

Later we tried some practical measures. The most important was the distribution of land to the mutilated in such a way that the best men in the hereditary sense of the word received land enough to support a family and that the stipulations of the contract encouraged the rearing of children.

Then we tried to direct the returning soldiers of good stock out of the large and overcrowded cities to the country, the latter being better adapted to a healthy family life. If we had two positions to fill, e.g., that of a janitor who probably could not rear more than two or three children, or would rather stay single, and that of a manager on a country farm, then we sent a man whose propagation seemed not advisable to fill the janitor's post, and sent the healthy and otherwise desirable man to the farm. Respective advices were given as to the duty of the healthy to rear many children and that of the defective to terminate his bad stock in his own interest. Of course, such steps were taken only after thorough investigation and medical examination.

Much interest was shown by the men as to the advisability of their marriage and propagation. Efforts were made to convince the sick and the mutilated that their defects were not hereditary, and we were pleased to see how the advice given enlightened these poor victims of the war. All local authorities and the different government offices were asked to assist these efforts of race regeneration, to spread sound eugenical ideas among the population, and to act accordingly when fulfilling their official duties.

Acquaintances were facilitated between men and women who wanted to marry and had no suitable partner. A questionnaire was filled out, and, accompanied by a picture of the person but

without his name, it was shown to persons of the other sex, who applied for such information in the notary offices or in the state institutions where the wounded were treated, and soldiers taught. In case the wish was expressed to meet, the acquaintance was made possible and the outcome was left to the persons concerned. Precautionary measures were taken to exclude fraud.

To persons wishing to marry, medical advice was given. After some propaganda, this work was to be thoroughly organized, and later the exchange of medical certificates according to the German plan already mentioned in this article, was to be established by law. The medical offices to be used for this purpose were already selected in different clinics and other public institutions. In one of them even the animals needed for blood examinations were bought. The medical rules to be followed by the examiners were worked out in detail by the most competent physicians. Then the revolution broke out in October, 1919, and brought everything to a sudden end. The leading officials of the institutions had to leave their posts and to give them over to uneducated young men. The pictures and leaflets which before the revolution were used to spread eugenical ideas were destroyed. Later, during the period of communism, the remaining numbers of the eugenic periodical *Nemzetvédelem* were burned as immoral literature, and the eugenic movement was called one of the most dangerous and reactionary things existing. As one of the chief aims of Bolshevism in Hungary was to exterminate the upper-class families and to establish proletarian rule, the anger of the communists against eugenics can be understood.

Of other government measures, we may mention first of all the assistance given to public officials and state employees after the birth of their children. Hungary was the first country to give this assistance. All public officials and state employees received, according to a law of 1912, 200 kronen annually for each child. Since that time the amount given was several times raised; since 1918 the assistance amounts to 800 kronen for each child.² I do not believe that any other country pays as much for family

² In the summer of 1920, the government promised to double these benefits.

assistance, although the payment is far from being enough to cover all expenses of the rearing of children. The fact that the amount is the same in all grades and does not vary with income, is in a certain way contra-selective, as it means for the lowest paid grades of officials the proportionately highest benefit and induces them therefore to propagate more than it does the higher grades. On the whole the system is of eugenical significance, as the men forming the staff of government officials in Hungary are a selected body.

In a similar way the number of children is taken into consideration when state employees are permitted to purchase food, clothing, and merchandise at lower prices, a relief work which has been carried on since the latter part of the war.

In 1917 the income tax law was amended in such a way that persons with no children have to pay 15 per cent more, and persons with only one child 10 per cent more taxes than others.

Besides the purely eugenic movement there is a movement to fight venereal diseases, organized in the "Union to Protect the Nation" (*Nemzetvédelmi Szövetség*) which arranged a congress in 1916 lasting over a month. The first authorities of the country gave lectures which later were published and presented to the government. The general thought was that to combat these diseases effectively, the whole field of race regeneration must be taken up. A similar congress was arranged in 1917 to discuss the problems of social hygiene¹ and it was demanded that in order to make the movement effective, a special Ministry of Public Health and Social Welfare should be created. Steps were taken in this direction, but the plan was realized only after the revolution, although the preparations had not yet been made.

Since Bolshevism was broken in August, 1920, the whole country needs "race regeneration," not so much in the sense of eugenics, but sound morals, order and law, healthy family life, and regard for future generations. Everybody's whole time and energy is devoted to the reorganization of the country and to avert the consequences of a so-called peace. Later, when conditions change, the time will come to continue the work of eugenics.

¹ Social hygiene includes in Europe all measures in the interest of the health of the people, and not only the fight against venereal diseases, as in America.

BIBLIOGRAPHY

SCHALLMAYER, WILHELM: *Vererbung und Auslese*. Jena: G. Fischer, Third edition, 1918.

The standard work of German race-hygiene which should be read by every student of eugenics.

ARCHIV FÜR RASSEN- UND GESELLSCHAFTS BIOLOGIE. Leipzig: G. Teubner. (Periodical)

The best review of eugenics in German.

POLITISCH-ANTHROPOLOGISCHE MONATSSCHRIFT. Berlin: Steglitz. (Periodical)

An interesting review of that branch of the movement which demands pure race and high breed, combating racial intermixture.

ERHALTUNG UND MEHRUNG DER VOLKSKRAFT. Munich: J. F. Lehmann, 1917.

This first-class book contains the fruit of nearly two years' work of the Medical Society of Munich.

RÜDIN, ERNST: *Studien über Vererbung und Entstehung Geistiger Störungen*. Berlin, 1916.

An excellent study in heredity. The reader will see how conservative, thorough, and exact are the German methods in solving these problems.

SCHALLMAYER, WILHELM: *Einführung in die Rassenhygiene*. Vol. II., *Der Ergebnisse der Hygiene*. Berlin: W. Weichardt, 1917.

One of the founders of German race hygiene gives here a synopsis of the question.

SIEMENS, H. W.: *Die Biologischen Grundlagen der Rassenhygiene und der Bevölkerungspolitik*. Munich: J. F. Lehmann, 1917.

An excellent introduction to and short survey of race-hygiene.

ZEILER, A.: *Gesetzliche Zulagen für jeden Haushalt*. Stuttgart, 1917.

One of the most discussed plans to raise the birth-rate.

Die Erhaltung und Mehrung der deutschen Volkskraft. No. 12, *Der Schriften der Zentralstelle für Volkswohlfahrt*. (New series) Berlin: C. Heymann, 1916.

Contains the lectures and discussion of the congress of 1915.

Über den gesetzlichen Austausch von Gesundheitszeugnissen vor der Eheschliessung und Rassenhygienische Eheverbote. Munich: J. F. Lehmann, 1917.

Contains the interesting discussions of the representatives of about twenty leading societies on the question of marriage certificates.

CHRISTIAN, MAX: *Die wirtschaftliche Begünstigung des Kinderreichtums*. *Archiv für Rassen- und Gesellschaftsbiologie*, Vol. XI., No. 6, August, 1916.

The author gives a practical scheme for the solution of the problem.

FARBENDER, M.: *Des deutschen Volkes Wille zum Leben*. Freiburg im Baden: 1917.

The "population question" from the catholic point of view.

VON HOFFMANN, G.: *Krieg und Rassenhygiene*. Munich: J. F. Lehmann, 1916.

A short survey of race-hygiene in Germany and its demands.

Das neue Deutschland, Symposium on *Krieg und Volksvermehrung*. Berlin, 1916.

A number of first-class authors give their view on the population question.

LENZ, FRITZ: *Überblick über die Rassenhygiene Jahreskurse für ärztliche Fortbildung*. Munich: J. F. Lehmann, October, 1917.

Dr. Lenz, one of the best students of eugenics, shows in this excellent and original study what the physician has to know about eugenics and heredity.

NEISSER, ADOLF: *Die Geschlechtskrankheiten und ihre Bekämpfung*. Berlin, 1916.

This book gives the actual program of the German movement to combat venereal diseases and explains the problem.

PAULL, H.: *Die neue Familie*. No. 70, *Der deutsche Krieg*. Stuttgart: von Jaechh, 1916.

Dr. Paul, who founded the *Bund für deutsche Familie und Volkskraft* in Karlsruhe, explains the problem of race regeneration and proposes practical measures. He is one of the leaders of that branch of the movement which lays much stress upon the moral side of the question.

Künstliche Fehlgeburt und künstliche Unfruchtbarkeit, ihre Indikationen, Technik und Rechtslage. Leipzig: G. Thieme, 1918.

An exhaustive handbook on sterilization and abortion for physicians and students of eugenics. The book is written by a number of leading authorities. The American laws on sterilization are treated in detail.

Nemzetvédelem (Protection of the Race). Hungarian review of eugenics. Budapest, since 1918.

Minutes of the Congress on Venereal Diseases, Budapest, 1916. Published by the *Nemzetvédelmi Szövetség*, Budapest.

SOCIETY BECOMING SELF-CONSCIOUS

BENJAMIN C. GRUENBERG, PH. D.

Assistant Educational Director, United States Public Health Service

In the autumn before the outbreak of the European war, the British National Birth-Rate Commission began its investigations; and in June of 1916 it completed its report. This report was described by Sidney Webb as "the most candid, the most outspoken and the most important statement that this country has yet had, as to the extent, nature and the ethical character of the voluntary regulation of the married state which now prevails over the greater part of the civilized world."

But the Commission did not consider the task assigned to it as by any means completed, and recommended the continuation of its investigations. The Commission was reconstituted under the presidency of the Lord Bishop of Birmingham and the directorship of Dr. C. W. Saleeby in 1918, with about forty members. The second report,¹ that of the reconstituted Commission, is before us. Under the resolutions establishing the Commission, its task was to inquire into:

1. The fall of the general birth-rate with the increase in the illegitimate birth-rate.
2. The causes of infant deaths and of stillbirths.
3. The movements of population and the ratio of the sexes in the Empire.
4. Economic problems of parenthood and their possible solution.
5. The relation of the housing problem to parenthood.
6. The spread of venereal diseases, their relation to sterility, degeneracy, and their probable increase during demobilization.
7. The increased industrial employment of women of child-bearing age.

¹ *Problems of Population and Parenthood*. New York: E. P. Dutton & Co., 1920. 423 p.

8. The differential or qualitative aspects of the present birth-rate.

9. The relation of the new Ministry of Health to racial reconstruction.

10. The need for a census immediately after the war and for an anthropometric department under the Ministry of Health.

The volume consists of a brief historical introduction, lists of members and of witnesses, and an outline table of contents (pages v to xxix); the report, prepared in five sections (pages xxi to clxi); notes of reservation from the majority opinion on the voluntary restriction of birth, on marriage certificates, on venereal diseases, on divorce, and on alcohol, signed by minority groups, varying in size from one to twelve of the commissioners (pages clxii to clxvi); and Part II, minutes of the evidence of forty-six witnesses (pages 1 to 423).

The statistical study of birth-rates is confined to supplementing the findings in the first report with the figures for more recent years (1913-1918), which show a steady continuance in the decline of the birth-rate, with a steady advance in the percentage of illegitimate births. The decline of births during the war was, however, accompanied by a marked decline in the infant death-rate. This was a continuation of the tendency already observed for several years before the war, and was due, in part, to an increase and improvement of child-welfare work by the local authorities, the probable increase of breast-feeding as well as of the use of dry and condensed milks (because of the high price of "fresh" cow's milk) and the decline of the birth-rate itself.

More important than the decline of the birth-rate, in the estimation of the Commission, is the fact that the birth-rate has been declining in such a way as to be more pronounced among the classes "which have demonstrated superior capacity for the struggle of life in the past by rising in the social scale." Mr. Sidney Webb, however, while agreeing with the Commission in considering the reckless multiplication of the irresponsible and least valuable members of the community in every class an alarming fact, points out that the portion of the community (about 150,000 families) having an income of over one thousand

pounds a year is statistically insignificant, although absorbing economically a quarter of the national income. Although no consideration seems to have been given to the question of differential survival of the "superior classes," the Commission recommends a permanent anthropometric department under the Ministry of Health and the establishment of a general register, and urges the making of a census in various parts of the Empire simultaneously in order to make possible comparisons throughout. It urges especially an inquiry on the relation of religion to the birth-rate.

The most important factor in the decline of the birth-rate is the voluntary restriction which is taking place on a large and increasing scale and with an incidence that is far from eugenic, no matter what one's theories of the social and economic distribution of human qualities may be. And the most important factor in the determination of voluntary restriction is economic. The Commission, as a whole, was apparently working on the assumption that an increase is *per se* desirable and that somehow a large population is of value to the "Empire" as distinct from the people who make up the Empire. Although the voluntary control of births began with the educated and professional classes for reasons described by some of the witnesses as "selfish," it has steadily spread to other parts of the population because of the strain and anxiety incident to childbearing, nursing, and rearing, and because of the costs of education and the desire to provide for the future of girls—in short, because potential parents demand more from life for themselves, and actual parents demand more from it for their children.

There is general agreement in the Commission (1) that abortion is ethically indefensible, except under medical direction with a view to removing serious risk to the mother; (2) that persons who are likely to transmit any serious physical or mental taint should not have children; (3) that no means of preventing conception can be tolerated that may injure the health of potential parents or of children; (4) that no person should refuse the duties of parenthood for purely selfish reasons; (5) that while parents cannot be relieved of their responsibility, it is, nevertheless, the

duty of society to remove disabilities that may be imposed on worthy parents without any fault of theirs; and (6) that instruction should be given especially to young persons in the laws of sex hygiene, the prevalence and dangers of venereal disease, the right and healthy use of the state of marriage, the immorality of inducing abortion with criminal intent at any period of pregnancy, the duties, responsibilities, and privileges of parenthood, the importance of healthy offspring, and the value of family life to the nation and the human race.

The Commission further agrees that no moral issue is raised in regard to the limitation of the family when there is good reason for such a course; but moral issues are raised by the means used for the purpose. The Commission then presents six "arguments for the use of contraceptives" and six "arguments against the use of contraceptives." But twelve members of the Commission signed a note of reservation disapproving the former and approving the latter; and of the twelve dissenters, seven are theologians.

The proposed remedies range all the way from the neo-Malthusian recommendations of the universal practice of birth control for the elimination of poverty, as a solution of the population problem, to the inculcation of various kinds of "holiness" as a panacea for all problems. Thus the president of the Mother's Union, who presented some very interesting summaries of investigations into the reasons for voluntary restriction of families, on being asked by Rider Haggard whether she could imagine people in crowded rooms and with no comforts understanding the "dignity and holiness of parenthood and of the duty to the country in the passing on of life," replied: "That is all the more reason why they should be taught." In short, the emptiness and hardships of life are to be replaced by magic words. There is considerable material on various schemes for the endowment of motherhood, on the causes of illegitimacy, the need for legislation on the protection of children, and on the relation between the industrialization of the female population to the problems of childbirth and child nurture.

The chapter on "The Causes of the Loss of Infants both Before and After Birth" is perhaps the most important constructive

portion of the report, since it deals with the human elements and the concrete factors through which their welfare may be controlled, although many of the members of the Commission did not apparently see the far-reaching implications of their demands for suitable milk supply, adequate housing, and leisure, comfort, and peace of mind for the mother before and after childbirth.

The rôle of the venereal diseases in causing loss of population leads to an exhaustive discussion of the ethics of prophylactic packets as against stations for the early treatment of infections; of compulsory treatment; of the problem of prostitution; of confidential death certificates; and of marriage laws with respect to venereal diseases.

The relation of alcoholism to the birth-rate elicits the endorsement of Lord D'Abernon's program for regulating drink, which consists of the discouragement of the use of beverages of excessive alcoholic strength; the avoidance of drinking alcohol on an empty stomach, and the avoidance of continuous or frequently repeated drinking of alcoholic beverages. But Dr. R. J. Drummond, representing the Morals Committee of the United Free Church of Scotland, makes the reservation that nothing short of absolute prohibition would meet the needs of the case.

On marriage and divorce, there is a greater variety of opinion, but the Commission agrees that there is need for reform in the marriage laws in its discrimination against women; that the distinction between the religious rite and the legal contract of marriage should be recognized; but that the legal contract should be considered a moral obligation on the part of all citizens who live together as husbands and wives, whatever their views on the religious rite; that the courts should give special consideration to the interest of children in cases of divorce; and that subsequent marriage of parents should make their children legitimate.

At every point the problems considered by the Commission and the suggestions and facts presented by the witnesses lead to fundamental biological and economic factors. Social hygiene as a body of thought may perhaps carry on in total disregard of the surrounding conditions; but the health of society is impossible when the mass of people lives in ignorance, privation, and squalor.

The theorizing of the experts, the exhortation of the moralists, and the orations of statesmen will remain the ineffective manifestations of the fact that these good people are agitated; they will not increase birth-rates, diminish morbidity or mortality, nor do anything to lessen the misery and anguish of those who suffer, so long as the concern remains with empire or nation or trade balance rather than with the kind of organisms that make up nations and empires.

The contradiction between the ostensible advancement of the national welfare through elimination of child labor and through the prolongation of the period of compulsory education on the one hand, and the actual fact that all these requirements oppress the mass of workers most mercilessly during the transient period, on the other, is but one aspect of the habitual failure of statesmanship based upon a quantitative theory of society to face what is really important in human affairs.

Our civilization is based upon attitudes and traditions which assume legitimacy of exploiting people by those who can for private purposes. This acceptance of "prostitution" as a prominent principle of human dealing pervades all of our relationships. A study of this report leaves one with the conviction that we cannot eliminate one special phase of prostitution or one side of the consequences unless we are willing to throw the whole scheme of exploitation overboard.

THE SINS OF INDUSTRY AGAINST THE RACE

HERMAN LUNDBORG

Docent, University of Upsala, Sweden

It is a melancholy fact that there has been a bitter race between certain civilized peoples of our times in the production and selling of all sorts of manufactures, useful and necessary things as well as articles of luxury, in enormous quantities. Rivalry for the markets of the world has then sprung up, and had to spring up some time or other, between the principal trading nations. This has perhaps been the deepest-lying cause of the great war. It surely was no chance happening that Germany and England, the two foremost trading empires of Europe, got to fighting a struggle for life or death.

Industry has in the course of decades made these and other countries richer by milliards. Universal prosperity has increased enormously, very considerable improvements of environment have been brought about, and nevertheless, our modern civilization is at present practically in ruins. Thus these riches have been of no use to us, but have instead brought with them great harm. From many parts of England, and from other places, there is shown by reports that industry is the greatest devitalizer of races and peoples. An English military medical report, in which an account is given of the physical examinations during the war of 2,500,000 of young Englishmen from all parts of the country, states that only 36 per cent were unreservedly fit for military service. More than 10 per cent were so deficient that they had to be considered unfit for every sort of work, military as well as civil, and on this account, became parasites upon society.

The Galton Laboratory in London has published very comprehensive statistics concerning the number of children per couple in different social strata of England: within the intellectual population, on an average, 1.6; among the poorly endowed 6.6; and

among criminals 7. Thus the socially deficient give birth without any sense of responsibility to masses of children, who show not only a high death-rate, but also deficiency like their parents. It will be the lot of the fitter to take care of these children that have been forced upon them by people who, as a rule, do not trouble themselves about their own offspring. Our civilization cannot stand higher, as long as such things are allowed to take place unchallenged almost anywhere in the world. Those are indeed sad figures. It is easy to understand that great anxiety is prevailing in England on account of the signs of general debility and degeneration, which are at present beginning to be conspicuous.

As a rule people have no clear conception of how dangerous the effects of industry are upon individuals and society. This is a very complicated subject, but let us critically examine these questions from a race-biological point of view, and not content ourselves with merely pointing out its most obvious mischief in regard to the surroundings. Sociologists and also physicians, as a rule, look at these things too superficially. They generally reason as follows: The riches which pour into the country, thanks to an ever-developing industry, are welcome and advantageous to us. Consequently, *laissez faire!* At the same time we must, it is true, work for good surroundings and improved universal hygiene, in order to hold our own with the injuries. Such reasoning is false, for many of the perils that go under the name of industrialism are not to be removed so easily.

To begin with, one might seriously discuss the question, whether wealth pouring into a country really is of use to a people. One has a right to doubt this, for experience shows that rapidly increased prosperity, in olden times as well as in ours, breeds an infinitude of needs, the desire for luxury increases, effeminacy begins to show, love for work decreases, and so on. Luxurious living calls forth too much love for ease, for which the children will soon enough have to suffer. The women begin more and more commonly to shun maternity, and all round about us we witness how the 0-1-2-children system flourishes, beginning within the wealthier classes of society. Gradually this process goes

deeper and removes by and by every trace of peoples before vigorous. This is what is called race suicide.

We inhabitants of the north ought not to look for our ideals, for instance, to France, which is agriculturally one of the most fertile countries of Europe; but where, however, the people nowadays have neither the desire nor the strength to bear and bring up a sufficient number of children. Instead, the French people are slowly wasting away, and are dying out or mingling with other, perhaps inferior races, such as Africans and the like.

The Swedish people has until of late lived in poverty, but children have never been lacking in the Swedish homes. Most of these have had to fight their way in the world. Nevertheless, as a people, the Swedes have generally up to the present day been conceded to rank among the most superior stocks of Europe, physically as well as intellectually. Is this to continue? Hardly; at least not if we walk on such dangerous ways as we have now turned into. High living and decreasing nativity within the wealthier classes of society are bad omens. Add to this that a spreading industrialism is entirely corroding us.

A people that does not naturally increase, degenerates. There is, so far as I know, no historical example proving that a people showing a lower number of births than of deaths yearly is able to recover itself. It is on the high road to ruin.

Had our mothers and grandmothers put the neo-Malthusian system into practice to such an extent as is done in France at the present day, or in many upper-class Swedish families, most of the professional and intellectual classes of our country would never have been born. They would have been stifled unborn. This appears most clearly if we go through some big genealogical work. The present writer, as the fourth of a family of seven, would not have been born. It is no wonder that such a doctrine, which for many makes a virtue of indolence and egotism, is in our day so widely and enthusiastically adopted.

To avoid being mistaken I will lay stress upon the fact that, of course, I do not in the least consider an indiscriminate "rabbit-reproduction" in the human world as something desirable, but I venture to hold that healthy and able parents in fairly good

circumstances commit a crime against nature and against their own race, if they content themselves with one or two children, while the less endowed classes of the people are multiplying several times over.

The state has indeed a heavy responsibility for the conditions remarked upon just now. It does not sufficiently encourage the elements of the people that are of first-rate value in their wish to marry and keep their families properly. Our individualistic time pays more regard to the "right" of the individual and cares little what becomes of the families and the whole race. One might say that nowadays a war of extermination is being carried on against families and children, and the authorities very often set a bad example. Wage policy, lack of housing, hard times, and other circumstances combine to undermine the existence of the families. Is it possible, then, to expect that the race will in the long run be able to keep fit for competition or even fit for life? We must awake to the perils of this system. The future of the family and the race has above all to be secured.

It is undoubtedly harmful to let young people in industry, who have not yet families of their own, handle a disproportionately large income, which they often live up in waste and frivolity. At the same time their elder fellow workers are almost starving, because they have wives and children to maintain.

That the women have been thrown, together with the men, into the jaws of the industrial Moloch is decidedly an evil, both for themselves and for society. A great many of these women are no doubt worth a far better fate than their lot. Within factory walls all sorts of elements come together, bad as well as good. Many of them go to the dogs on account of bad surroundings. It is difficult for them to manage by themselves: they take to dangerous pleasures, immorality, even prostitution. Soon enough they form amorous relations indiscriminately—as a rule not from necessity, but in consequence of temptations and love of pleasure. There are, unfortunately, too many men who, if relations of that kind come easily within reach, prefer this irregular sort of life with women, liquors, and conviviality, to the road of self-denial in economic matters which leads to a

home and family of one's own. This brings with it many a mis-spent life. No small number of them die prematurely. Gradually there ensues corruption of society, frivolity, vulgarity, which is noticeable everywhere. Who is to blame? And with whom rests the responsibility?

It is no easy matter to do justice to all, but this much is certain, that industry is very much to blame. It breeds a proletariat of both men and women, that often, sooner or later, are heaped up in poorhouses, hospitals, workhouses and prisons.

Industry's list of sins is, however, far from complete. Race-destroying tendencies of the greatest moment still remain to be mentioned. Thoroughgoing research and statistics show that the farming population, especially the peasantry, is in all countries superior to the industrial population as regards health and racial capacity. This does not, as many people believe, solely depend upon the healthier nature of the life that is lived in the country, but the whole constitution, which, in its turn, depends upon good and well-adapted hereditary tendencies, is *in et per se* better. The peasantry possess from ancient times an inherent rich fund of good tendencies, a strong racial power. The surroundings become, it is true, worse and worse the lower one penetrates into the layers of urban society, but that is not the real reason for the fact that the individuals dwelling there have inferior constitutions. Everywhere among a people where no irrational despotism or anarchism prevails, there ensues a natural stratification. The individuals who have more favorable hereditary combinations to thank for their existence, tend to rise, and those, on the contrary, who have less favorable ones, sink lower down. The lowest of the proletarians show an inferior and very ill-adapted constitution. Persons who content themselves with, or have to content themselves with bad surroundings, are, as a rule, not race-fit.

Factories, springing up from the ground like mushrooms, absorb the young sons and daughters of the country. Shorter working day, higher wages, varying manner of living, possess a wonderful attractive power. The population of the rural districts decreases. The towns and industrial communities are growing rapidly.

The conditions of environment are worse here than in the country. Tuberculosis, alcoholism, venereal diseases, and other evils begin to ravage and play havoc among a population of this kind. Industry swallows up a great part of the peasantry; another part, which does not want to go under the industrial yoke, emigrates to foreign countries, and there lays the foundation of new, perhaps in course of time, flourishing peoples and communities. The result of it all is, that the peasantry gradually disappears from the old countries, where people do not seem to appreciate their worth but look upon all human values as wares that can be bought for money. A human stuff which is fully satisfactory material for a great people is, however, not to be bought in any market. It takes hundreds and thousands of years to build up again a race-fit peasant class, if the old one has been annihilated.

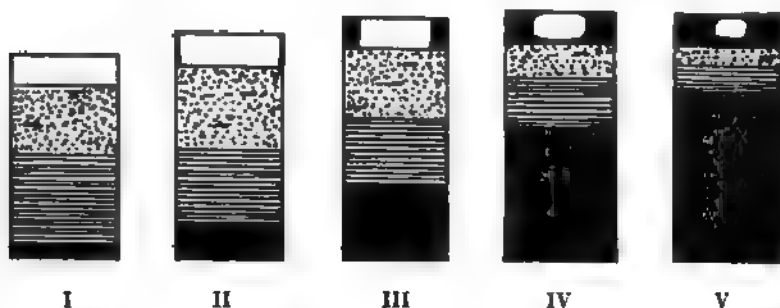
Thus there is no doubt that a people which undermines and exterminates its peasantry, marches toward hard times. The history of many peoples bears witness to this fact. A sign of the times is the circumstance that in industrial countries agriculture is not able to keep up the competition sufficiently with an industry that is allowed to grow wild without any limitation whatever. In order to illustrate, more clearly than by words, the changes and displacements that take place in the structure of a people which degenerates through industrialism or in any other way (several causes usually coöperate), I have devised the diagram shown below.

A sound and healthy race-fit people has, as is shown by stage 1, a strong middle class. This is represented by the white field. I count in this class also landed peasants. The small dotted field at the top represents the upper classes, or rather, the intellectual leaders and the higher officials of the country. These layers have, in spite of their fitness for civilization, a lower race-biological value than the middle class, on account of the fact that they, as a rule, die out quickly, and have to be recruited little by little from the lower layers. The striped field is the large body of manual laborers, and lowest down at the bottom some more or

less unfit human material, such as tramps, habitual criminals, and other asocial elements.

DIAGRAM

showing changes in the social structure of a people in the process of industrialization.



The light fields represent the middle class (including the farmers).

The dotted fields represent the upper classes.

The striped fields represent the working classes.

The black fields represent the socially unfit (the degenerates) in the upper and lower classes.

During the process of degeneration, changes set in within the body of the people, as is shown by stages 2, 3, 4, and 5. First of all, the whole population is very considerably increased, for industrial work is able to give food to many people; but at the same time there appears a strongly noticeable inversion of the social structure. The old middle class decreases and disappears almost entirely; a new middle class is formed, it is true, but that is another and inferior kind than the earlier was. Together with this both the upper and the lower classes increase, but chiefly the latter. The degenerating process appears in the upper classes, too. The most numerous layer will by and by be the factory hands, together with an increasing deposit at the bottom, the *human dross*.

The great increase of the bottom layers is the most serious factor in the whole situation, for bodily and mental deficiency is the distinguishing characteristic of those individuals comprising this numerous bottom layer. The higher grades of laborers do not, of course, meet with this judgment. But a good deal of unskilled industrial work claims such a small amount of intelli-

gence and efficiency in other respects, that all sorts of borderline individuals who cannot in any other way earn their livings, thus secure the possibility of a livelihood not only for themselves, but also for a family. Many of these, men as well as women, do not want to marry, but they have, nevertheless, sexual instincts, and therefore beget a progeny, whose support frequently becomes a burden upon the state. As at the same time the middle class shrinks, the upper classes, of which the greater part live in the towns, has an inadequate progeny, it is clear that the people is increasingly proletarianized, and that it becomes, as a whole, inferior in racial capacity to its status before it was industrialized. In other words, a whole army of more or less poorly endowed individuals comes into existence, and these individuals very soon manage to work their will consciously or unconsciously. If they do not succeed by competitive means, they resort to revolutionary and anarchistic methods, and deal summarily with all who stand against them. That is to say, the upper classes are those to suffer. There may come a reign of terror. Everything falls into a state of confusion. Civilization sinks. The people now degenerates rapidly, and destruction is near. Other peoples invade the country. The result may be something better, but also something worse, depending upon the qualities of the invading people.

All this process may go on more or less rapidly. The degeneration, however, is not long in coming, if one thinks in social and racial terms. The great mass of the people, as well as a great many politicians, are not able to survey this process, which takes a period of several generations. They do not see the real, deepest-lying causes, but only the surface. Hence their aims and endeavors for amelioration will only be a symptomatic and not a radical cure.

From what has been said above it appears obvious that modern nations are moving in the wrong direction. We disregard the simplest demands of nature. An unlimited industry always preys on human material, and this it does to such an extent that one may be justified in venturing a paradox: we can indeed not afford to let industry grow unchecked, although it brings us

billions, for all our vital power and our future as independent peoples are at stake.

There is, it is true, in every country an absolutely necessary minimum of industry, that we cannot, and must not evade, but that measure is, I think, already exceeded. The development of a people in a sound direction necessarily demands that industry be kept within reasonable bounds. It must and ought to be proportionate to the other trades and professions. The shareholders and the industrial managers have no right, I take it, to throw all the rest of humanity into peril. The dance round the golden calf must be stopped before it is too late. To this there will probably come from the political economists the reply: How is that possible? The finances of the state require increased industry, or we shall, sooner or later, reach national bankruptcy. I will answer with a counter-question: Can we permit the sacrifice of our last reserve fund, the national power and the racial capacity, in order to obtain an occasional mitigation of the misery? Does this not remind one rather strongly of an incurable gambler, who takes his very last belongings, perhaps some old family jewels, rich in memories of the past, in order with these to try once more his luck at the gaming tables, with the risk of losing these too, and be left there an impoverished beggar, and perhaps be driven to suicide?

Of what avail are whole heaps of gold, nay, the wealth of all the world, if we through wars are marching toward times of trouble and degeneration? It is no easy thing for a private man to resist all the temptations of wealth. It is perhaps still more difficult for a people to take the road of self-denial and, instead of living in pleasures and enjoyments, lead the lives of hard-working, saving men, which make for amelioration. The time will certainly come when people will clearly see that the industrializing tendency of our time has far more dangerous effects than the old mercantile system, condemned in its day. It will be the task of the civilized peoples together to settle these momentous questions in a satisfactory way.

Nature is a severe teacher who forces us, unruly and ignorant children of men, into obedience, sooner or later. It would be a good thing for us if we proved more docile, and less intractable.

THE HOSPITALS AND VENEREAL DISEASES

The trustees of the American Hospital Association have recently passed three resolutions which have direct bearing on fundamental hospital problems. One of these dealt with the hospitalization of venereal-disease patients in the following terms:

WHEREAS, it is now generally agreed that only a small percentage of venereal-disease patients need bed treatment at any stage of their disease, and

WHEREAS, it is now established that bed treatment for the few who do need it is of short duration and benefits not only the patient but distinctly lessens a public-health menace, and

WHEREAS, knowledge of venereal disease is now so general that the psychology of all attendants can be depended upon to prevent contagion from all known cases of venereal disease, be it therefore

RESOLVED, that we, the trustees of the American Hospital Association do hereby urge all hospital authorities to give consideration to this matter, to the end that all general hospitals shall admit venereal-disease patients as other patients and enter these diagnoses as other diagnoses on histories whether primary or complicating and also develop sufficient dispensary service to provide care for the ambulatory cases and the ambulatory stages of the cases treated in the hospitals.

PROGRESS, 1920-21

KENNETH M. GOULD

In a year that has been notable for many outstanding events in the field of social hygiene, the selection of items for inclusion in a panoramic chronicle of progress is a difficult task. In this period, the anti-venereal campaign throughout the world has come nearer to self-analysis and self-realization in the definition of its basic problems and in the expansion of its aims to meet the needs of great civilian populations, than ever before. The passing of the emergency of the war has left on both sides of the Atlantic an acute sense of the necessity of a broader conception of social hygiene than the mere maintenance of military or physical efficiency against the ravages of syphilis and gonococcus infections. If any one emphasis has marked the work of the year, it has been an educational one. Great conferences and assemblages organized for study have addressed themselves to two principal objectives: 1. The recognition of the principles and data which could be universally accepted by thoughtful persons as the least common denominators of this highly complex and controversial field. 2. The discovery of methods for the better conveyance of such principles and data to the consuming public, both adolescent and adult.

Of such gatherings, the following, at least, should be mentioned:

1. The summer social-hygiene course held under the auspices of the United States Interdepartmental Social Hygiene Board, the United States Bureau of Education, the United States Public Health Service, and the American Social Hygiene Association, at Teachers College, Columbia University, July 6 to August 13, 1920. This was designed primarily to prepare teachers of standard subjects, social workers, and parents to play their appropriate parts in the needed sex instruction of all young people. It was expressly agreed that social-hygiene education in the schools and colleges should not be given prominence as a

course or courses of sex instruction *per se* by special teachers; and that, on the contrary it should be merged unobtrusively into regular subjects of instruction.

Some 75 special students were registered for the course and did work in it of academic grade, while the large number of special visitors from allied social agencies and from other summer school courses brought the daily attendance at the lecture courses to about 200. The work was organized in a daily lecture series on the biological groundwork of social hygiene; a daily lecture series by various experts on different practical aspects of the social-hygiene campaign; tri-weekly conferences with specialists; an advanced seminar in social-hygiene education; and frequent showings of moving pictures and other illustrative and exhibit materials.

The value of this first experimental summer course was generally recognized, and the continuation of the program in the future is assured.

2. The Institute on Venereal Disease Control conducted by the United States Public Health Service at the New National Museum, Washington, November 22 to December 3, 1920. This was a shorter and more intensive effort designed particularly for the benefit of health officers, physicians, and nurses, nearly 600 of whom registered for the Institute. To this end, the Public Health Service organized a faculty of 54 of the ablest men and women who are authorities in the various phases of venereal-disease control. Although limited by the nature of its functions to public-health work, the Service proved definitely that its policies are formed on the broadest educational principles. Nine out of the fourteen courses offered by the Institute dealt with ideals, and but five with treatment.

3. The crowning event of the year in social-hygiene work was the All-America Conference on Venereal Diseases held in Washington immediately following the Institute, December 6-11, 1920. Four national organizations, two governmental and two voluntary, coöperated in the planning and administration of this Conference: The United States Interdepartmental Social Hygiene Board, the United States Public Health Service, the American

Red Cross, and the American Social Hygiene Association. Including the general conference committee and its section secretaries, upwards of 400 delegates registered for the Conference, representing practically every state in the union, and in addition special representatives were present from Argentina, Brazil, Canada, Chile, Cuba, Ecuador, Honduras, Mexico, Paraguay, Porto Rico, and Santo Domingo.

The plan of organization was unique, and an enormous amount of work was done and many agreements reached with a minimum of friction and delay. The General Conference Committee, consisting of authorities in their respective fields, was chosen by the president, Dr. William H. Welch, on recommendation of the Administrative Committee, Dr. Livingston Farrand, of the Red Cross, Dr. Thomas A. Storey, of the Interdepartmental Social Hygiene Board, Dr. Claude C. Pierce, of the United States Public Health Service, and Dr. William F. Snow, chairman, of the American Social Hygiene Association. The Conference Committee, divided into sections on the basis of the special experience and training of its members, met each morning to consider the special problems raised in their respective fields and the question submitted by the delegates from the general sessions of the Conference. The daily reports of these sectional committees were then discussed and revised in committee of the whole at afternoon sessions. The results were then presented to the evening sessions of the entire conference for discussion and action. The subjects dealt with by the several sections were these:

1. Medical Research and Laboratory Questions.
2. Diagnosis and Treatment of Syphilis.
- 3 and 4. Gonorrhea in the Male and Female.
5. Public Health and Administrative Problems.
6. Clinic and Hospital Questions.
7. Statistics.
8. Public Information and Education.
9. Law Enforcement Measures.
10. Protective Social Measures.
11. Psychological Aspects of the Venereal-Disease Problem.
12. Social Service.

The product of this sifting process was a series of resolutions which express probably the best consensus of expert opinion

available at the present time upon the points, both technical and controversial, which demand authoritative knowledge. A preliminary report of these has been published, and a final report will soon be issued.

Of the findings and attitudes of the Conference it is impossible to speak in detail. All schools of thought on social-hygiene problems were represented and none was repressed. Yet the general temper of the delegates and committee members was conservative, holding fast to methods and measures of proved efficiency. The Conference condemned the use of civilian so-called medical prophylaxis on the basis of such data as exist at present, and went on record in favor of strict extra-marital continence as the foundation stone of a correct program of sexual ethics, although recognizing the impossibility of final solutions for all circumstances.

One of the most encouraging results of the Conference was the participation of the representatives from most of the Latin-American countries. While few in number and with a limited experience in social-hygiene campaigns in their own nations such as have been carried on by many of the older nations, they were active and helpful participants and doubtless took back with them also a wealth of practical information and measures adaptable to their local conditions.

4. The All-America Conference was the first of a series of regional conferences on venereal diseases recommended by the Medical Advisory Board of the League of Red Cross Societies in its conference at Cannes in the Spring of 1919. The second of these was the North European Conference, held at Copenhagen, May 20 to 25, 1921. The participating nations here were Great Britain, Norway, Sweden, Denmark, and the Netherlands. Representatives of the German Red Cross Society were also present. The questions of adequate provision by these important maritime nations of diagnostic and treatment facilities for seamen of their merchant marines, and notification, a measure now generally accepted in the Western hemisphere, were subjects of live discussion. In general, advanced and fearless methods of dealing with the venereal-disease question were advocated,

the Scandinavian nations having been notable for the radical way in which they have dealt with certain vexing questions.

Other regional conferences of a similar nature are planned for the near future. Among these will be one for the south-eastern European nations to be held at Prague in the fall of this year, and one for the southwestern nations at Paris.

In the United States, the year has been one of varying fortunes for the federal and state programs of venereal-disease control. The major parties in the presidential campaign both made platform declarations which might be interpreted favorably to social hygiene, the Democratic demanding the continuance of the government campaign of sex education; the Republican approving the principle of federal aid to the states in health and welfare activities. In addition, President Harding, as candidate, president-elect, and president has several times expressed his purpose to establish a federal department of public welfare of cabinet rank, comprising all activities of public health, education, social service, and veteran relief, now scattered through many uncoördinated bureaus and departments. Just how the work of venereal-disease control may be organized under such a new plan of administration is not yet clear. The Sixty-sixth Congress, at its last short session, deleted from the Sundry Civil Bill appropriations for the maintenance of the work of the United States Inter-departmental Social Hygiene Board including apportionments to state boards of health for venereal-disease control. This was not, however, because of lack of interest in this work, and it did not repeal the Chamberlain-Kahn Act of 1918, under which the Board operated for the protection of the military and naval forces of the United States from venereal diseases. The expressed intention of the sponsors of this Act, and of Congress at the time of its passage, was that the work should be continued into peace-time and expanded on a civilian basis. The surgeons general of the Army, Navy, and the Public Health Service, representing respectively the Secretaries of War, Navy, and the Treasury in the composition of the Board, therefore appealed to the Sixty-seventh Congress for deficiency appropriations totaling \$925,000 for this work during 1921-22, \$500,000 of which

is to be allotted to states on the basis of a minimum apportionment of \$5,000 each, the remainder to be allotted in proportion to population. The balance was requested for the continuance of the educational, laboratory, and protective work initiated by the Interdepartmental Social Hygiene Board. Congress again reviewed the situation and appropriated \$225,000 with the restriction that it be used for the protective measures program, the position taken being that the several states ought now to support fully the medical and educational phases of the work. Many state boards of health and at least twenty-seven legislatures, alive to the imperative need of continuing the program, have provided funds for diagnostic and treatment facilities within these states, and to a large extent the economies of the federal government have been compensated by local appropriations and volunteer funds.

A government measure of more than passing interest to social hygienists is the Sheppard-Towner bill for the protection of maternity and infancy, which passed the Senate during the last Congress, and which has been reintroduced in the present one with fair chances of success. While opponents of this bill have claimed that it is paternalistic and dangerous legislation and is not sound administratively, no one disputes the need for improved hygiene in the fields of birth and care of children, the mortality rate of American mothers and children from causes connected with childbirth being among the highest of civilized nations. As an educational influence indirectly in the field of social hygiene the discussions of this bill have been of great importance.

Voluntary organizations of public health and social hygiene have shown marked advance during the past year in the direction of better coördination and prevention of duplication. The formation of the National Health Council and the National Child Health Council, composed of the leading organizations in their respective fields, have been the most outstanding events here. The National Health Council, though but a few months old, has already demonstrated that the possibilities of coöperation between its corporate members are almost limitless. These include a bureau of information, a legislative bureau, coöperative confer-

ences and planning meetings. Experiments are being tried out providing common services of bookkeeping, stock-room and shipping, library, and other services. It is significant, however, that in all of these plans complete autonomy in their respective fields is retained by the participating organizations. In the social-hygiene field, the American Social Hygiene Association and the Bureau of Social Hygiene have been active in this new movement.

In Great Britain, two important bodies which are at work in venereal-disease control, the National Council for Combating Venereal Diseases and the Society for the Prevention of Venereal Diseases, have been hitherto largely in opposition to each other in their envisagement of the problem and their convictions as to the methods by which it is to be attacked. The National Council, the older organization, has held steadily to the educational type of work, supplemented by strong emphasis on multiplication and improvement of treatment centers, believing that no permanent gain can be effected in the reduction of venereal diseases unless at the same time the general standard of sex ethics in the population is raised, and the number of promiscuous sex contacts lessened. The Society for the Prevention of Venereal Diseases, on the other hand, assuming that a large proportion of human beings will tend permanently to remain incontinent, feels that the only practical course is to consider disease entirely apart from morality and to provide inexpensive and easily obtainable drugs for self-disinfection after exposure. By thus placing the onus of responsibility upon every individual who indulges in illicit sexual intercourse, to prevent his own infection, the Society hopes to reduce perceptibly and eventually to eradicate the venereal diseases in the population of Great Britain.

There are signs that a *rapprochement* between these two conflicting organizations may be effected. The best public sentiment of England realizes that it is not desirable for those sincerely thoughtful in these all-important questions to be hostile and divided. The National Council, in a recent memorandum which is understood to have received the approval of the Minister of Health, makes the following statement:

Whilst it cannot be too clearly or publicly stated that the way to avoid contracting these diseases is to avoid infection, and the way to avoid infection is to refrain from all forms of promiscuous sexual intercourse, it must nevertheless be recognized that there exists a large number of individuals, men and women, who do not respond either to the moral or to the social appeal,

Where such individuals, acting on their own initiative, desire to purchase from chemists disinfectants as a protection against these diseases, no legal difficulty exists to prevent them from so doing. . . . The recommending to the public by advertisement or other similar means, of disinfectants in connection with these diseases, however, must result in giving increased notoriety to quack remedies, and is to be deprecated. . . . Further, the public should be officially warned against any attempt at self-treatment of these diseases, if and when any signs or symptoms are experienced. . . .

If an individual has incurred or has reason to think that he or she has incurred risk of infection, it is his or her bounden duty to cleanse himself or herself thoroughly and immediately. . . .¹

There thus seems to be a real basis of common ground between the two British organizations, from which some form of coöperation may well evolve.

No survey of international activities would be complete without mention of the important part played by the League of Red Cross Societies in stimulating effective action against the venereal diseases throughout the world and particularly in Europe. Its Division for Combating Venereal Diseases, in addition to calling and supervising the regional conferences above-mentioned, has conducted venereal-disease surveys of certain countries, and has been a constant and active center of propaganda by literature, motion-picture films, and other educational matter. The League's headquarters at Geneva is in peculiarly close contact with American social-hygiene activities and derives much of its inspiration and materials therefrom. The *International Journal of Public Health*, established last year by the League, is a notable example of medical journalism.

Out of many interesting and effective experiments in different types of educational work which have been carried on in the United States during the past year, only a few of special significance can be mentioned. Perhaps one of the most important was the demonstration trips made by the "social-hygiene field car" in North Carolina, Florida, and New York State. This

¹ *National Health*, Vol. xiii, No. 140, p. 255, May, 1921.

truck was completely equipped for showing motion pictures outdoors or under all kinds of conditions indoors, so that the most modern educational films on social hygiene could be shown to selected audiences in entire communities in isolated and inaccessible rural districts as well as towns. An advance officer, two lecturers (one white and one Negro), and an operator have been the principal staff, although a woman physician and other temporary appointees have been used. In North Carolina alone five counties were completely covered in the demonstration and more than 40,000 persons of both sexes saw motion pictures and heard lectures. In each state arrangements for follow-up work have been made. The United States Public Health Service and the American Red Cross have coöperated with the American Social Hygiene Association in these demonstrations carried out with the state and local health authorities.

Particular attention has been directed to hygiene campaigns among the Negroes, both in the South and the North by federal and private organizations. The special aim has been in every case to train leadership among the Negroes themselves and to evoke constructive effort for themselves by members of their own race. An experimental campaign was carried on by the Public Health Service in Tennessee. Hygiene courses have been established in numerous Negro colleges and schools. A lecture series for Negro social workers of New York City was held under the auspices of the New York Urban League.

In Cleveland a public-health survey was executed under the auspices of the Cleveland Hospital Council and the general direction of Dr. Haven Emerson, which will probably remain a model of technique for many years. Venereal diseases formed one of the nine main divisions upon which a staff contributed by the American Social Hygiene Association investigated the city's record and made valuable recommendations. Cleveland has set a mark for other cities to emulate in the willingness with which it submits itself to diagnosis in all fields of social welfare, and the sincerity with which it seeks to remedy the deficiencies discovered.

A review of the legislative accomplishments of the year is indicative of much progress. In the United States forty-two state legislatures met this winter between January and June, and a campaign on a national scale to introduce social-hygiene bills in those whose laws were inadequate, was undertaken by the American Social Hygiene Association, in conjunction with the National League of Women Voters and other organizations. Of 177 bills on social-hygiene subjects introduced in the forty-odd legislatures, 87 had become laws by May 1. Seven states adopted measures to prohibit the advertising of venereal-disease nostrums. Six states passed laws to prevent ophthalmia neonatorum. Many adopted or strengthened the vice repressive act, the injunction and abatement act, and others of the "standard forms" of laws recommended by the federal authorities. The New York legislature passed a drastic act for the state censorship of moving pictures. But perhaps the most interesting pieces of new legislation are those dealing with the regulation of the marriage relation. These are usually spontaneous expressions of a need felt by citizens of certain states for more protection of partners in marriage and for posterity from those who are unfit for marriage. Eight states out of thirteen in which such bills were introduced passed laws requiring certificates of freedom from venereal diseases in one or both partners in order to obtain a marriage license. Certain of these marriage regulation bills attracted wide attention for their innovations. Such is the North Carolina law, by which the candidates are required to present physicians' certificates that they are free from venereal disease or tuberculosis in an infectious state, and have never been adjudged idiots, imbeciles, or of unsound mind. The result has been to reduce considerably the numbers of persons applying for licenses in North Carolina, and to drive many seeking marriage into Virginia and South Carolina. Physicians are naturally unwilling to give certificates requiring a life-long knowledge of the candidate concerned, rather than of merely giving his immediate physical and mental condition.

Another law which attracts interest was the amendment of the existing law in Oregon, requiring a certificate of freedom from

venereal disease from the male only. The amendment includes females as well. The Oregon legislature also referred to the people for referendum the Owens-Adair bill, requiring mental and physical examinations for both applicants for marriage license, providing that if either party fails to pass the examination, he shall not be permitted to marry unless both are sterilized. Whether the temper of the populace will approve so radical a bill, is a question of keen interest to social hygienists and eugenists.

Abroad, important legislation on the marriage state has been adopted or is pending in the national legislatures of several countries. Great Britain is in the throes of a campaign for a more liberal divorce law, the present one allowing divorce on the ground of adultery only, and discriminating against women. A bill sponsored by Lord Buckmaster, which places both sexes on the same footing and allows divorce on the grounds of adultery, desertion for three years and upward, cruelty, incurable insanity after five years' confinement, habitual drunkenness, and imprisonment under commuted death sentence. The debates have been unusually acrimonious, the chief opposition to the bill coming from the clergy. Whether the present bill emerges victorious or not, it is plain that England's inflexible law on this subject cannot long remain unaltered.

In Sweden new legislation of this character has not only been advocated but passed. Divorce may now be obtained upon application after one year of marriage if the partners mutually request it. Illegitimate children have equal rights of every kind with their legitimate brothers. These and other laws constitute a code governing family life and the marriage relation which will be observed with very keen interest during the next few years.

BOOK REVIEWS

FUNDAMENTALS OF SEXUAL ETHICS. By S. Herbert. London: A. C. Black, 1920. 350 p.

This author puts clearly and with fairness, but not always critically, the biological and physio-psychological facts of sex which underlie Wells' words that "the future of sex is the center of the whole problem of the human future." He analyzes and criticizes cogently the weaknesses of the present social conventions and the futility of trying to regard these as final and perfect solutions. He appraises keenly and at their unsocial value the chief abuses and perversions, which, throughout civilization before, have marred sex relationships both as measured by our conscious progress in social morals and equally by disease, unhappiness, and mal-adjustments. He commits himself unreservedly to the view that spiritual and ethical, rather than mere physical and sensuous, considerations should be paramount in working out the practical sex relationships.

The following statements are fairly representative of the author's arguments:

1. Adolescent youth should abstain completely from physical sex intercourse for the sake of fuller sex development and satisfaction, physical and spiritual, later.

2. Such abstinence is not possible or desirable as a permanent solution for average unmarried adults.

3. Reproduction (involving the family and parenthood) is a social function, and monogamy is the sound family ideal. Sexual union, on the contrary, is not a social act; it is a purely personal affair.

4. No physical sex relation is immoral in which the personal state of love exists; in which there is full harmony between the physical and the spiritual content of the relation. Its appraisal is quite beyond the forms and conventions of society.

5. Chastity is not primarily a physical, but a spiritual state. It does not necessarily require abstinence before marriage; it may allow multiple sex relations during marriage, whenever such physical relations represent or contribute to the mutual spiritual development of the individuals.

6. A more wholesome and rapid evolution of sex relations might be secured by developing the spiritual meanings of sex through emphasis

on internal standards of spiritually harmonious sex expression, rather than by external social prohibitions of specific physical acts.

In the opinion of the reviewer, there is enough of truth in each of these assumptions to make it attractive, and enough of fallacy to make it attractively dangerous. Space will not allow argument. Only a few points can be made.

1. There is no adequate ground for thinking that abstinence is physiologically or psychologically more difficult for a mature person than for one 18 or 20. It is wholly a matter of motivation in each case, coupled with the duration of abstinence. The problem of scientific motivation of sex control is just beginning to receive intelligent attention.

2. A similar bias is shown in respect to the significance of the rôle of social "conventions." It is well to emphasize the evolutionary, and hence, imperfect quality of all such formulae. And yet they are as surely representative of the present status of our emotional, rational, and social evolution as are our social institutions. They are on the whole pragmatic. They need, as the author well shows, to be more fluid, more amenable to conscious guidance; but we have no evidence that anarchy will secure a truer evolution than will this crystallization of collective human experience—even though it is full of prejudices and over-conservative.

3. The most fundamental weakness of the author's point of view, in the opinion of the reviewer, is his failure to recognize that individual education may secure results in control, even to the extent of abstinence, which repression by convention may not. Because abstinence, enforced by bungling social repressions, may produce sex perversions and restraint-neuroses, it does not follow that the untoward results are due either to the unwholesomeness of abstinence itself or to the unsoundness of the conventions. It may more likely be due to the technique of the control. We can get neuroses about any group of desires by unpedagogic handling of the mechanisms of control.

As an effort "to disentangle what is essential in the social factor in sex relationship, and what is a permanent gain to society from what is only likely to prove an ephemeral mood or standard of humanity," this is an important book and highly suggestive. Its results are least convincing, however, along the raw edges of the "disentanglement."

T. W. G.

MYSTICISM, FREUDIANISM AND SCIENTIFIC PSYCHOLOGY. By Knight Dunlap, Ph.D., professor of experimental psychology, Johns Hopkins University. St. Louis: C. V. Mosby Co., 1920. 173 p.

Dunlap's purpose, as stated in the preface, is to enlighten the public concerning the real nature of three popular conceptions, mysticism, spiritualism, and psychoanalysis, each of which involves "an assault on the very life of the biological sciences," the most immediate attack being directed against the methods and results of scientific psychology. The discussion of spiritualism is not included in the present volume, but the author promises an additional volume to be devoted to an analysis of the phenomena of spiritualism and an exposition of the psychological principles on which they may be explained together with a like treatment of the subject of dreams.

Mysticism assumes a kind of knowledge other than the knowledge of sense perception and the knowledge of inference, and which ranks higher in value than either of these. This third kind of knowledge can neither be communicated from one person to another, nor described in language or thought by the mystic himself. Through the short cut of this mystic experience, the individual knows ultimate objective truth, and thereby avoids the hard road of scientific progress, which at best seems to him to yield only tentative results.

The most important mystical movement is psychoanalysis, which like its ancestors offers a short-cut to attainment of scientific truth. Psychoanalysis began as a theory and technique in regard to the causes and treatment of neuroses, but the theory has been extended until it "takes in large portions of the field of psychology and attempts to explain literature, art, and religion, and to supplant archaeology." Appealing, as it does, to the mystical tendencies of human nature, dealing with the ever interesting topics of sex, and avoiding the deadly dullness of experimental science, psychoanalysis is especially captivating to those whose scientific training is vague and whose methods of thinking are lacking in scientific precision. Moreover, being an art as well as a theory, and producing 'cures' of striking nature in the field of mental medicine, it is becoming as strongly entrenched as its several rivals in the field and bids fair to be a formidable obstacle in the pathway of science for some years to come." (p. 46)

What is the nature of this short truth? Just as the mystic explains his emotional experience through his third form of knowledge, so the psychoanalyst explains phenomena through the unconscious. Desires,

—sex desires—are suppressed into the unconscious; symbolism is developed in the unconscious for the conscious expression of these desires, which may thereby escape the censor who stands guard over the unconscious. Repressed desires and the unconscious offer a simple and easy explanation of all the complicated activities of the mind.

The unconscious as here conceived is not accepted by psychologists. It is a construction which does not satisfy the requirements which a scientific conception must satisfy: it is not necessary for the explanation of the known facts; it does not explain more facts than other conceptions; and it is not the simplest way of explaining the facts. Wit' out the unconscious there is little, if anything, left of the psychoanalytic system.

So much for the attitude of scientific psychology, as represented by Dunlap, toward psychoanalysis. Certain conclusions of significance for social hygiene may be drawn from Dunlap's book. First, powerful sex impulses are perfectly normal, and these are denied an outlet in most individuals as a consequence of our social institutions. But there are also many other powerful natural impulses that are inhibited and for the same reasons. It is the problem of education to build upon these natural tendencies and adapt them to useful ends. Undoubtedly our educational system has dealt almost not at all with the sex impulses, but the problem must be and is being faced. It is a problem of prevention through education and not cure through psychoanalysis. Second: Is the dissemination of literature, under the title of psychoanalytical studies, which under another name could not be sold to the public, a correct method of sex education? Any one associated with libraries and reading rooms where such literature is available might hesitate to give the affirmative answer to this question. The rapidity with which such books disappear from the library shelves makes it necessary in some cases to keep them under lock and key. Is this to be taken as a thirst for education? Third: Does the patient suffer any positive harm from psychoanalytic treatment? According to Dunlap, the psychoanalyst often raises a demon which he cannot exorcise. In many cases the demon refuses to be exorcised, or if he complacently leaves, "returns shortly with 'seven worse than himself,' and the latter state of the patient is worse than the first." (p. 103)

A. T. POFFENBERGER

THE SEX FACTOR IN HUMAN LIFE. A Study Outline for College Men.
By Thomas Walton Galloway, Ph.D. New York: American Social
Hygiene Association, 1921. 142 p.

Both Dr. Galloway and the somewhat limited group to which his book is addressed are to be congratulated upon a new thing under the sun in social-hygiene literature: a highly rational argument for the life of continence and moderation in respect to sex as one of the chief impulses which go to make up the human personality. And when this is said, it is necessary to defend the mind from the mass of conventional associations called up by the notion of an "argument for continence." As the author has well said elsewhere: "It is not enough that his (i.e., the youth's) sex attitude should lead him *unhappily* to such practices as will advance society, nor, on the other hand, *with pleasure* to reactions which are socially disastrous. The highest function of social and moral pedagogy is to adjust, convincingly to the individual, these two partially conflicting goals of individual and social good. There is no point where this task is so difficult as in sex adjustments." Here is an indication of the spirit and aim of the author's entire work. He approaches the intelligent young man of college age, not with authoritarianism, obiter dicta, sentimentality, nor ready-made solutions, but with the only kind of an appeal that will penetrate the "hard-mindedness" of modern education.

That appeal is a scientific consideration of all the factors involved, biological, psychological, and social, with such logical completeness that the young man balancing upon the point of a decision and wondering just why he should expend continued effort upon resistance when the obvious weight of existing conditions, both within and without his own organism, is all against him, will find here heartening reinforcement at critical points and moments. It can safely be said that this is the high-water mark of sex-ethical apologetics. If this book does not perform its intellectual function in the colleges, we know of none which can.

Nor would it be just to imply that the author minimizes or is not sufficiently cognizant of the important rôle of the emotional nature in this problem. The necessity of coupling sound information and logic with an auspicious feeling-tone is everywhere in evidence. Some of his word pictures of the higher values and richer satisfactions of sex and family life are delicately true, persuasive, and throbbing with a strong and holy joy.

The author's allotment of space in the discussion of the various phases of his subject is significant. Five of his twelve chapters are devoted to "appetites"—their nature, biological function, misuse, and direction, and the particular application of this material to the sex appetite. He recognizes three principal methods of dealing with appetites: repression, substitution, and sublimation. While conceding the emergency value of the first, and the practical utility of the second, it is to "sublimation" (using the term with no special reference to the Freudians) that he looks for the largest gains in the future control of the sex problem. Sublimation is defined in these words: "The appetite itself may be refined, redirected, and guided into more catholic channels." (p. 32) This implies that appetite is a complex of several, or at least two, types of satisfaction: (1) the basal and primitive group; (2) the derived mental or social group. The latter includes the refinements of the wooing and mating impulse; the pleasures of maternity, paternity, and home-building; the extension of sympathy and respect from close women relatives to womankind in general; and impersonal esthetic and ethical pleasures.

The question of transference from the stronger basic impulses to these higher derivatives is, of course, crucial for the entire sex problem. The author gives more attention to interpretation than to method. Whether he succeeds in establishing his case here will be differently judged by persons of varying temperament and training. It is perhaps the weakest link in his chain of reasoning.

In certain other chapters he presents very definite and practical aids to the inquiring mind. He deals with the familiar fallacies and misconceptions, describes in broad strokes the social consequences of promiscuity, and discusses briefly the main principles of heredity and their relation to the institution of human marriage. The final chapter on "Sex and Religion," while not essential to the development of the main thesis of the book, suggests ways in which the religious consciousness may and should be related to the problem of sublimation previously discussed.

The method of the book throughout is that of an elementary text, using questions and answers, topics for discussion, typographical aids, and references, following every question, to a few standard books. Clarity and conciseness of style combine with these features to produce an admirable basis for study by small voluntary groups.

K. M. G.

A GENERAL INTRODUCTION TO PSYCHOANALYSIS. By Sigmund Freud, LL.D. Boni & Liveright, New York, 1920.

Many have been expecting a book on this subject from Freud for some time; but not quite this sort. Unfortunately the first part deals with the thinner part of psychoanalysis; his chapters upon the psychology of errors, slips of the tongue, etc., make a poor beginning. Even those who freely accept Freud's teachings feel he has done this part rather unconvincingly. His particular forte is in the main body of his subject, "The General Theory of the Neuroses," and those chapters concerning the interpretation of dreams. Freud's great reputation is not dimmed by this work; neither is it materially advanced. Undoubtedly he is at his best in specific research studies, and not in the rôle of a propagandist, especially to a lay audience. Perhaps he should have left the general exposition of psychoanalysis to his faithful pupils, as, for instance, Ferenczi, Rank, and Jones.

Freud himself states: "Often I presented the evidence and then did not myself draw the conclusion. But I could not endeavor to make you masters of the subject. I tried only to give you some explanation and stimulation."

There is one great outstanding fact in all of Professor Freud's writings: One is enormously impressed with his extreme frankness and sincerity,—an attitude of mind not always present in the articles of his followers, and rarely found in those of his opponents. One may ask in passing, why is it that few of Freud's opponents show a real patience or familiarity with psychoanalysis? In all conscience one knows many of the tenets are very debatable, and not a few are capable of engendering honest, well-sustained objections. Here, as everywhere in our mental and social life, impartial, persistent, toilsome research is the prerequisite to authoritative opinion.

L. PIERCE CLARK

AMERICAN POLICE SYSTEMS. By Raymond B. Fosdick. New York: Bureau of Social Hygiene, The Century Co., 1920. x + 408 p.

This book is based on personal study of the police systems in 72 cities of the United States. It has also profited by Mr. Fosdick's study of Continental police systems as shown in many interesting and instructive comparisons of methods used here and in Europe. These

comparisons often result unfavorably for our domestic guardians of peace.

In several cases, however, the sting of criticism is lessened by the author's recital of conditions existing in American cities of which European police organizations have no knowledge. Chief of these he defines as the heterogeneity of population.

The care with which European police forces are shielded from political influence makes even more odious the political squabbles and scandals so frequent here. The careful training and choosing of police administrations on the other side accentuates the lack of these things in the American brand, characterized as "a shifting leadership of mediocre calibre, varied now and then by flashes of real ability which are snuffed out when the political wheel turns."

Mr. Fosdick deprecates also the extreme emphasis which is placed in this country on the legal canon, "All prisoners are considered innocent until proved guilty." This maxim, he says, is so utilized in our judicial processes as to give a defendant every chance to escape, fair or unfair, while placing every obstacle in the way of the prosecution.

A real, though "discouragingly irregular," advance in police methods and administration is cited in the closing chapter but the author concludes in a minor key. We have little to be proud of, he says; "with all allowances for the peculiar conditions which make our task so difficult, we have made a poor job of it."

Social workers and others interested in fields of activity where anti-social conditions are being fought will find this book a distinct aid in the development of spoken and written arguments for adequate municipal guardianship. It supplements most effectively much of the material brought together in the three preceding volumes published by the Bureau of Social Hygiene, viz., *Commercialized Prostitution in New York City*, by George J. Kneeland; *Prostitution in Europe*, by Abraham Flexner; and *European Police Systems*, by Mr. Fosdick.

R. H. E

THE CONTROL OF SEX INFECTIONS. By J. Bayard Clark, M.D. New York: Macmillan Company, 1921. vii+132 p.

One of the chief needs in combating a foe is the need to awaken in the minds of the public a realization that such a foe exists. So it has been necessary in the combating of venereal diseases to arouse an interest and place the subject before the layman for open and purposeful

thinking and discussion. In a great measure Dr. Clark supplies this need in his little book. He presents the problem by giving the social factors which are the underlying causes of the diseases. A particular chapter is devoted to the rôle of alcohol in the spread of venereal diseases. The main part of the book, however, deals with the means of combating them. The discussions on the medical, legal, educational, and recreational aspects of prevention and cure are common-sense and progressive. They are not widely different from the program of measures laid down by the federal government and the volunteer social-hygiene agencies. Dr. Clark's emphases are, however, somewhat shifted. He is skeptical of the possibilities of legislation and enforcement, although he admits that a law heavily punishing the infection of another by a venereally diseased person is "the most important legal measure to be enacted in relation to these diseases." He is a moderate advocate of civilian prophylaxis stations, although he sees the problem much more broadly than the purely mechanical one of chemical prevention.

There is one point upon which the author dogmatically refuses to admit that an intelligent person can hold any but his own view and that is in regard to universal military training. To the reviewer six months of training for the 18-year-old youth will not solve all his sex problems, although that is what the author seems to think can be accomplished.

The individuality of the book lies in the fact that it is an authoritative statement of the subject from the standpoint of the practicing physician, written in lucid, non-technical language.

I. J.

DISORDERS OF THE SEXUAL FUNCTION. By Max Hühner, M. D.
Philadelphia: F. A. Davis Co., new edition, 1920. 318 p.

The author, a urologist, contends that the great majority of sexual disorders which come to the attention of the practitioner and the urologist are those which should be classified as sexual neuroses. By working in the clinic with the neurologist he has been able to make valuable observations, and has succeeded in working out methods of diagnosis and treatment for many of the disorders which are based on some one of the many sex neuroses. These borderline cases, he maintains, are often overlooked or wrongly diagnosed by the practitioner, genito-urinary specialist, and the neurologist.

Some of the subjects discussed are: masturbation, impotence, seminal emissions, nymphomania, etc. The chapter on continence is a

valuable one, and though its importance from the moral standpoint is not ignored, it is presented in this volume from the purely medical standpoint. While the author contributes nothing new to the subject except his own clear and logical conclusions, he has demonstrated by quotations from a large number of recognized authorities, and by a fair analysis of these quotations that "continence is not detrimental to health, considered either from a physiological or psychological standpoint." Since illicit intercourse is the chief means of spreading venereal diseases, continence, he argues, must be urged upon all men and women outside of marriage.

H. E. K.

THE SOCIAL CASE HISTORY. By Ada Eliot Sheffield. New York: Russell Sage Foundation, 1920. 227 p.

To those who are trying to solve the varieties of problems which the recording of facts about human beings presents, Mrs. Sheffield's book will be of abundant interest. The social case history is defined as a body of personal information conserved to further the treatment of the client, general social betterment, and the establishment of the case worker in critical thinking.

Mrs. Sheffield indicates the development of the case history from a single-column entry on the books of the relief agencies of the middle of the last century to the full and detailed record of the modern case-working organization with its inclusion of facts about the physical, mental, and social life of the client. She undertakes the development of a philosophy of investigation and record-making and then describes the documentary and mechanical phases of a case-record: the face card, the narrative, the budget-sheet, the summary, the disposal of ephemeral matter, the filing and summarizing of letters, the use of abbreviations, and marginal notations.

In discussing the composition and arrangement of the narrative, Mrs. Sheffield cites the arguments both for the topical presentation of the data and for the present chronological method of recording facts. She is inclined to favor the former. As to how far it is possible to go in this direction case workers will probably differ. Certainly, any departure from the inclusive and diarian method of recording facts will raise many difficult problems.

Any doubts, however, which one may have upon this point accentuate, if anything, the value of the book, for in describing current methods

it helps the reader understand the fundamental methods of case recording, and in indicating the possibilities of a new procedure it stimulates thinking and discussion, which, after all, should be the purpose of every good book.

KARL DE SCHWEINITZ

BRIEFER COMMENT

THE ENDOWMENT OF MOTHERHOOD. Report of a British Family Endowment Committee, edited, with an introduction, by Katharine Anthony. New York: B. W. Huebsch, the Freeman pamphlets, 1920. 76 p.

A study of state endowment of mothers and children, by a voluntary committee of English economists, publicists, and feminists. The proposal of the committee is for a flat rate of endowment for all families with children under five years of age, whatever the family income may be. This would include 12s. 6d (\$3.12) per week for the mother during the confinement period, 5s. (\$1.25) weekly for the first child under five, and 3s. 6d (\$87) weekly for each child beyond the first. The report gives in some detail various objections to, as well as the advantages of the plan, the relation to taxation and family income, and the eugenic aspects. The committee was divided as to whether unmarried mothers should participate in the endowment scheme.

FOUNDATIONS OF FEMINISM. A Critique. By Avrom Barnett. New York: Robert M. McBride, & Co., 1921. 245 p.

Under the "biological foundations," the author discusses sex and feminism; under "psychological and physiological foundations," he treats the sex differences as a basis for sex spheres; and in his discussion of the "sociological foundations," he considers the relation of feminism to labor and motherhood. Although the author's copious use of quotations and references displays wide reading, there is not much display of incisive and suggestive interpretation.

THE PROBLEM OF THE NERVOUS CHILD. By Elida Evans. Introduction by C. G. Jung, M.D., LL.D. New York: Dodd, Mead and Co., 1920. viii + 299 p.

A book valuable to parents and those interested in educational questions, showing how the principles of psychoanalysis can be practically utilized in dealing with the nervous child. The book is by no means a text-book on psychoanalysis. It merely touches upon it as it applies to an understanding of child psychology.

PSYCHOANALYSIS. The Key to Human Behavior. By William J. Fielding. Girard' Kansas: Appeal to Reason, People's Pocket Series No. 190, 1921. 107 p.

This is a little paper-bound pocket monograph from the pen of the author of "Sanity in Sex." As a popular presentation of psychoanalysis it compares favorably with other attempts to treat the subject comprehensively within small compass.

THE HUMAN COSTS OF THE WAR. By Homer Folks, special commissioner of the American Red Cross to southeastern Europe. New York: Harper, 1920. 396 p., illus. with photographs by Lewis W. Hine.

Colonel Folks, whose opportunities for observation in the devastated countries were unique, has here produced the most poignant account yet published of conditions in

the "submerged continent." Chapters are devoted to Serbia, which enlisted most of the author's sympathy and attention, Belgium, France, Italy, and Greece. The ravages of the great war-time diseases—tuberculosis, syphilis, and typhus—are vividly set forth. The book is an indictment of war in general and an appeal to America in the present crisis of civilization. No humane person can read it unmoved.

LITTLE JOURNEYS INTO THE HEART OF TRUE THINGS. By Marie A. Greene, A. M., M. D. Kansas City: Burton Publishing Co., 1920. 286 p.

A story of perfect married life and home life and how two children were initiated into the mysteries of sex. The whole is put in the mouth of Laddie, the family's Collie. The book moves on a high plane of idealism and allegory throughout—too high, in fact, for the great majority of readers. It verges on sentimentality at times, but is on the whole an interesting attempt to put the facts and relations of character, sex, and life in an inspirational form.

PSYCHOPATHOLOGY. By Edward J. Kempf. St. Louis: C. V. Mosby Co., 1920. 751 p.

Kempf's book is something of a companion piece to Jung's *Wandlungen und Symbole der Libido*, published in translation as the *Psychology of the Unconscious*. It consists of technical and more or less speculative discussions of mental trends and symbolisms. The critical reader may expect from it a number of useful suggestions. To the general public it is likely to be more tempting than assimilable.

VENEREAL DISEASES. Their Clinical Aspects and Treatment. By J. E. R. MacDonagh, F.R.C.S., Surgeon, London Lock Hospital. St. Louis: C. V. Mosby Co., 1920. xii+419 p.

The book deals with the history, pathology, and treatment of the venereal diseases. The chief criticism to be made of the book is the neglect on the part of the author to give sufficient attention to the public-health aspects. Only a terse summary of the attempts and inadequacies of the existing public-health measures is given. Aside from the presentation of much clinical material, nothing new has been added to the field by this voluminous work.

AUTO-EROTIC PHENOMENA IN ADOLESCENCE. By K. Menzies. New York: Paul Hoeber, 1919. viii+95 p.

A monograph which deals with the psychology, pathology, ethical status, and treatment of masturbation. The author, who is of the psychoanalytical school, gives the opinions of eminent authorities on these various phases of the subject. A sympathetic attitude is the first requisite, he says, in order to break the boy or girl of the habit.

BOOKS RECEIVED

Under this head SOCIAL HYGIENE lists books received which do not fall sufficiently within its field or are not of sufficient importance to its readers to warrant comment.

MISCELLANEOUS NOSTRUMS. Chicago: American Medical Association, 1919. 136 p.

OPTIMISTIC MEDICINE. Anonymous. Philadelphia: F. A. Davis Co., 1921. 318 p.

HEALTH AND SOCIAL PROGRESS. By Rudolph M. Binder, Ph. D., professor of sociology, New York University. New York: Prentice-Hall, Inc., 1920. 291 p.

- THE ELEMENTS OF PRACTICAL PSYCHOANALYSIS.** Pau Bousfield. London: Kegan Paul, 1920. 276 p.
- PAGAN AND CHRISTIAN CREEDS: Their Origin and Meaning.** By Edward Carpenter. New York: Harcourt, Brace and Howe, 1920. 319 p.
- STANDARDS OF LEGAL PROTECTION FOR CHILDREN BORN OUT OF WEDLOCK.** Children's Bureau. Washington: Government Printing Office, 1921. 158 p.
- ENTERTAINING THE AMERICAN ARMY.** James W. Evans and Captain Gardner L. Harding. New York: Association Press, 1921. xii+259 p.
- THE MEANING OF SERVICE.** Harry Emerson Fosdick. New York: Association Press, 1920. 225 p.
- DREAM PSYCHOLOGY. Psychoanalysis for Beginners.** By Sigmund Freud. Authorized translation by M. D. Edler with an introduction by André Tridon. New York. James A. McCann Co., 1920. 237 p.
- THE EXCEPTIONAL CHILD.** By Maximilian P. E. Grossmann, Ph. D. New York: Charles Scribner's Sons, 1917. xxxi+763 p.
- UNE FOIS MARIÉS. Reflexions d'un Medicin.** Dr. Raoul Hoffman. Lausanne: Secretariat romand d'hygiene sociale et morale, 1921. 78 p.
- THE PSYCHOLOGY OF FUNCTIONAL NEUROSES.** Harry Levi Hollingworth. New York: Appleton. 1920. 259 p.
- PARA ECHAR LUZ EN LA OSCURIDAD DE LA CIENCIA SEXUAL.** B. G. Jefferis and J. L. Nichols. Naperville, Ill.: J. L. Nichols and Co., 1920. 404 p.
- CONQUEROR OR CONQUERED. The Sex Challenge Answered.** Belle Kearney. Cincinnati: S. A. Mullikin Company, 1921. 576 p.
- NATURWISSENSCHAFT UND LEBENSAUFFASSUNG.** E. Landau. Bern: Ernst Bircher Verlag, 1919. 106 p.
- HEALTH AND DISEASE, THEIR DETERMINING FACTORS.** Roger I. Lee. Boston: Little, Brown & Co., 1919. 378 p.
- MIND AND CONDUCT. Morse Lectures Delivered at the Union Theological Seminary in 1919.** Henry Rutgers Marshall. New York: Charles Scribner's Sons, 1919. ix+236 p.
- CHILD BEHAVIOR.** Florence Mateer. Boston: Richard G. Badger, 1918. v+239 p.
- FIRST STEPS IN CHILD TRAINING.** M. V. O'Shea. Chicago: Frederick Drake & Co., 1920. 284 p.
- THE PSYCHOLOGY OF THOUGHT AND FEELING; A Conservative Interpretation of Results in Modern Psychology.** By Charles Platt. New York: Dodd, Mead & Co., 1921. 290 p.
- A STUDY OF PERSONALITY OF DEFECTIVES WITH A SOCIAL RATINGS SCALE.** S. D. Porteus. Vineland, N. J.: The Training School, Department of Research, No. 23 December, 1920. 24 p.
- INSTINCT AND THE UNCONSCIOUS.** W. H. R. Rivers. Cambridge: University Press, 1920. 252 p.
- THE MIND OF A WOMAN.** A. T. Schofield. New York: E. P. Dutton & Co., 1920. viii+120 p.
- TALKS TO NURSES. The Ethics of Nursing.** Henry S. Spalding. New York: Benziger Brothers, 1920. vi+179 p.
- HUMAN PHYSIOLOGY.** Percy Goldthwait Stiles. Philadelphia: W. B. Saunders, Second Edition, 1920. 421 p.
- THE PSYCHOLOGY OF ADOLESCENCE.** By Frederick Tracy, Ph. D. New York: The Macmillan Company, 1920. x+246 p.
- LIFE. A Study of the Means of Restoring Vital Energy and Prolonging Life.** Serge Voronoff. New York: E. P. Dutton & Co., 1920. xx+160 p.
- PROBLEMS OF SUBNORMALITY.** By J. E. Wallace Wallin. New York: World Book Co., 1917. xv+485 p.

ABSTRACTS OF PERIODICAL LITERATURE

EUGENICS AND RELIGION. By the Very Rev. W. R. Inge, D.D., C.V.O.
Eugenics Review, Vol. XII, No. 4, January, 1921.

The enemy of eugenics is not religion, but the anti-scientific mind which is emotional and gullible. The spirit of religion and the spirit of eugenics have much in common. The Christian, according to Dean Inge, does not gloat over favorable trade statistics nor congratulate himself on the disparity between the number of births and deaths. For him, as for the eugenists, the test is quality, not quantity. His conception of a kingdom of God on earth teaches us to be concerned with the future, with the welfare of posterity. This ideal is practically identical with that of the eugenist.

It may be said that organized religion on the whole supports the most anti-eugenic schemes, and is sentimental rather than scientific. But there is little need to despair of converting the *really* religious persons to the eugenic view.

There is a necessity for the preservation of those stocks which build and develop the country. It is just at this point that religion can ally itself with eugenics, for in proportion as we can raise our minds above material comforts, in proportion as we can find happiness in intellectual and spiritual interests, in proportion as we can set our affections on things above, poverty (which is the chief cause of small families) may be lightly borne, and as life is found tolerable, the natural desire to have children and rear them in order to carry on the race, is strengthened.

IS RACE SUICIDE POSSIBLE? By Alexander Graham Bell. *Journal of Heredity*. Vol. XI, No. 8, November-December, 1920.

The only hope of producing higher and better types of men and women lies in the multiplication of the better elements of the population. There is now a great fear of what people call "race suicide" in America. Foreign-born parents are begetting more offspring than American. The United States is to-day in a critical position. Its birth-rate is declining and the tendency to avoid maternity is growing; the immigrant races are increasing at a much greater rate than our own. The only solution for a truly American race lies in the restriction of immigration. The desire to avoid maternity is a characteristic associated with lack

of offspring, and cannot therefore go on increasing indefinitely in a community. So long as some people (no matter how small the percentage may be) desire children and have them, complete race suicide is impossible. These people would pass on the characteristic of desire for children while those who are indifferent would restrict themselves and thus eliminate this characteristic from the race. In several generations' time, the American race would be composed almost totally of those people who desire progeny, the opposite type having eliminated itself by its very character.

THE EUGENIC VALUE OF THE SOCIAL CENTER. *Good Health.* Vol. LVI, No. 4, April, 1921.

Generally speaking, with a given individual endowment, the chances of making a desirable marriage are in direct ratio to the range of acquaintanceship. The city-bred child and youth, in spite of living among a multitude, have less social activities than their pioneer forebears. They were of necessity thrown together into intimate community affairs. Their social life no doubt played a part in their selection of life companions. Thus the best were sifted out from divergent strains and founded lines of substantial growth. There is need to-day of some of that pioneer community spirit, both in country and city. Recreation centers should be established and interest in common efforts should be fostered. Community theatricals could be projected. Quite unconsciously and informally, such activities would operate to promote wholesome eugenic standards and play a part in preserving worthy family lines.

WHEN SHALL EUGENIC INSTRUCTION BEGIN? *Good Health.* Vol. LVI, No. 3, March, 1921.

Middle adolescence is the best time for serious study of eugenics. The pupil by this time is familiar with biology. At this age the youth attains new interests and impulses which are important personal factors in the successful consideration of the subject. It makes little difference what the course is called. If the principles of heredity are taught, they lead into the facts of human inheritance.

One reason for the disinclination on the part of adults to hear eugenic lectures is the belief that the subject is unpleasant. The lectures must be camouflaged with titles such as "Romantic Love" or "Birthmarks" in order to attract attention. When the public learns that the course

of development of the American people through eugenic principles is absorbingly interesting and romantic, there will be no necessity to resort to subterfuge in getting people to attend lectures.

CONFLICTING IDEALS OF PUBLIC HEALTH AND FAMILY WELFARE. By Ora Mabelle Lewis. *The Family*, Vol. III, No. 3, May, 1921.

Family welfare alone, which deals with the individual or small group, cannot reach the masses; nor can public health, which deals with the multitudes, consider each individual. The common good requires both. Public-health officials should recognize the efforts of social workers. An adjustment of the public-health propaganda for venereal diseases to the ideals of family case work is necessary. For this, vast measures (which were originally war measures) must be adapted to the needs of individuals living under conditions of peace; and military regulations must be adapted to civilian life. Public-health officers cannot "act" in the case of non-infectious venereal-disease patients. They plead lack of legislation, but what really is lacking is thoughtful consideration of each individual from the case-work angle. Hard and fast rules should be avoided in order that every individual may have adequate consideration. In no line of medical social work is this more essential than in relation to gonorrhea and syphilis.

THE PLAY FUNCTION OF SEX. By Havelock Ellis. *Medical Review of Reviews*, Vol. 27, No. 3, March, 1921.

One conception of play is that it exerts a direct internal, health-giving development, and balancing influence on the whole organism of the player himself. As thus understood, the play function of sex becomes both physical and psychic. It is important in the development of the erotic personality of the individual and in the acquirement of the art of love. It is surprising how little these have been developed in man and woman. As to their notion of play in the sphere of sex, it is something to be ashamed of, and not to be associated with anything spiritual. The average woman is regarded and regards herself as the passive partner in matters of love, and often has no erotic life at all. And yet erotic life is necessary in the full development of personality. What is needed is a change in point of view. Of course, there is no direct or speedy way of introducing a wider and deeper conception of the erotic play function. It is best to destroy those degrading traditional conceptions of love as vile and unclean, and to purify the soul

with the conception that love is holy. In this there is a lesson to be learned from the psychoanalysts. They insist on liberating the individual from influences that depress or deform his energies and impulses by removing the inhibitions on the free play of his nature. This is real education. It removes inhibitions with the best moral intentions and thus it allows for a larger, more spontaneous morality. Sexual activity is not merely a bald propagative act, not a physical thing only. It is the function by which all the finer physical and psychic activities of the individual may be developed and satisfied. In the play function of sex, these are most exquisitely and harmoniously blended.

PRESENT AND FUTURE SOCIAL HYGIENE IN AMERICA. By Charles W. Eliot. *International Journal of Public Health*, Vol. II, No. 1, January-February, 1921.

The objects which the various social-hygiene agencies pursue are not as limited as they have been. The reserve and privacy of the past have for the most part disappeared. There is frank and open treatment, especially in the educational features. Social hygiene already supports the measures for prohibition of alcohol. It is extending into the field of industrial medicine, but this great movement requires national and state coöperation. The single standard of chastity and the fair treatment of both men and women who are arrested together in resorts of sexual vice, still need firm advocacy. Among other problems remaining for those interested in public health is the subject of wholesome housing. Pioneer work has been privately undertaken but the larger part remains to be completed. Another problem is that of the delinquent. Public expenditures are necessary for the detection, selection, and segregation of feeble-minded individuals. Those segregated should be provided with whatever productive work they are able to do. Another need in the field of public health is the study of healthy conditions of employment in the modern industries. There is need to find out the ideal length of a work day, and the physical, mental, and moral needs of working people. There is no juster field for the expenditure of public funds than this of industrial research, and it essentially belongs to social hygiene, or in other words to public health and human conservation.

THE BLACK TROOPS ON THE RHINE. *The Nation*. Vol. CXII, No. 2905, March 9, 1921.

Major General Henry T. Allen, commander of the American troops in the occupied Rhineland, made an enlightening report upon the use of

the French colored troops in the Rhineland. He found that the Germans are using their presence as a basis for violent anti-French propaganda and that some German newspapers admit such exaggeration. Up to June 1, 1920, 66 cases of sexual crime were officially reported against the colored troops; of these, 28 offenders have been punished. General Allen believes that these cases are such "as generally occur in any land when soldiery is for a long time quartered upon the population."

The following are some excerpts from a letter sent by the mayor of N— (a German town in the occupied zone):

. . . . These colonial troops seem in general to be rather harmless, but when under the influence of alcohol or of sex they cannot be counted upon. The latter is especially serious, as it affects the general safety. It cannot be denied, indeed, that here and there German women are to be found who voluntarily have intercourse with individual or even many Negroes. As the occupation prolongs, this is increasingly true. . . .

Yet while all this must be admitted, it does not lessen the responsibility of a civilized people which utilizes such troops in exercising its sovereign rights against another civilized people, and thereby maintains a continual sexual menace, from the point of view of physical health, of hygiene, and of the race. Various cities have been formally compelled to establish brothels which, however, are also used by the white troops, men and officers.

. . . There is no doubt that the existence of such houses lessens, although it does not do away with, annoyances to German women on the streets. . . . The serious consequences of the mere shock to a respectable woman when molested by a Negro do not need to be explained.

A summary of cases in which the Germans have been ordered to establish brothels for the use of the troops of occupation follows:

A. In the American and British zones of occupation, authorities have not been asked that brothels be established.

B. In the Belgian zone such requests were made locally, but were allowed to drop.

C. In the French occupied zone, brothels were demanded and established at the following places:

1. The city of Kaiserslautern was ordered verbally and in writing, early in 1919, by the French military authorities (Major Derville) to establish a brothel for the occupation troops. The city put the execution of the order in the hands of a brothel-maintainer, who covered the costs by the profits.

2. The mayor of Landau was ordered, January 6, 1919, by Major Watrin and General Laroque of the Eighth Army to establish a public house for the French troops of the Landau garrison. Shortly after, the house at No. 7 Kaufhausgasse, belonging to the Schneider family, was seized. Three other families besides the Schneiders lived in this house; other homes had to be found for them on short notice. Up to April 21, 1920, the city had paid out 10,837.25 marks for equipping the house and the accessory costs.

3. A brothel was established in Ludwigshafen upon the order of the French local commander early in 1919. Two houses were asked at first; but after negotiation this was reduced to one house. The city authorities bought two houses for 90,000 marks

and equipped one for 43,000 marks. The business was let out, and it is hoped to cover the costs by rental.

4. In Mainz the French *chefferie du génie* ordered the German Military Building Office to establish a brothel in the Luenette Erbenheim for a battalion of Algerian tirailleurs. The rooms are no longer used as a brothel, but as a prison. The building costs amounted to 70,000 marks, paid by Germany.

5. At the Kostheim camp the same French authorities compelled the same German office to establish a brothel for Algerian tirailleurs. The brothel is occupied by Arab women. The building costs amount to 109,802.76 marks.

6. At Fort Weisenau bei Mainz the municipal garrison authorities were ordered by the French *chefferie du génie* to build a brothel. After four weeks the rooms were transformed into a dining-room for French soldiers. The building costs were 1500 marks.

7. In Bingen a brothel was established upon order and turned over to a private entrepreneur. The costs, 40,000 marks, are to be covered by interest at 5 per cent and amortization at $2\frac{1}{2}$ per cent.

8. At Langenschwalbach the city turned over the establishment of a brothel, ordered by the French, to an entrepreneur.

9. At Hoechst am Main, two brothels were established, at a cost of 29,000 marks, upon the order of the French authorities.

10. At Wiesbaden two brothels were established upon demand of the French, at a cost of 58,542.32 marks, besides which the city provided equipment costing 100,000 marks, which the manager of the brothel is to pay for in monthly instalments of 1500 marks.

11. At the maneuvering ground at Griesheim, near Darmstadt, a brothel for North African troops was established upon the order of the French. It cost 14,890 marks.

12. At Idstein a brothel was established upon order at a cost of 27,000 marks.

13. At Speyer a brothel was established early in 1920 upon the order of the French local commander. The city paid 50,000 marks to buy two houses; the business is rented out, the renter paying for the equipment, and it is hoped that the rent will pay for the purchase costs.

14. In Diez two brothels were established by the city upon order, at a cost of 3580 marks.

15. At Siegburg a brothel was ordered established during the armistice period. A building belonging to the national government formerly used for offices and a printing shop was seized for the purpose. The total costs amounted to 152,069.03 marks, but the house has not yet been used by the occupation authorities nor freed for other uses.

16. At Bad Ems the mayor was forced by the French occupation authorities to establish a brothel after he had refused several times and had been threatened with punishment. The brothel is chiefly used by Americans coming from Coblenz. The business is so lively, especially at night, that sometimes 14 automobiles are parked in the street in front of the house. Apart from the fact that Germany has to pay the costs of the automobiles, the conduct of those using the brothel affects injuriously the business of the city of Bad Ems. The cost of establishing the brothel was 6000 marks.

PUBLIC HEALTH ACTIVITY AND PRIVATE PRACTICE IN VENEREAL DISEASE CONTROL. By John H. Stokes, M.D. *Journal of the American Medical Association.* Vol. 76, No. 18, April 30, 1921.

A great disinterested public spirit is seeking through public-health officers to wipe out a group of controllable infections, among which are the venereal diseases. There is a large group of private agents in the form of the medical profession who derive their livelihood, partly at least, from the same source. An antagonism between the public activity and private interest which might easily develop in such a situation would be wholly unnecessary and deplorable. The United States Public Health Service and the associated venereal-disease divisions of various state boards of health realized the implications of their entry into this field of medical practice and submitted a declaration of principles and intentions, the summary of which is:

They endorse and urge the continuance of a campaign of public education.

They urge the evaluation of the propaganda thus far carried on in as exact social, psychologic, and medical terms as possible.

They prefer education and persuasion to legal process in regard to law enforcement and regulation.

They ask the intelligent and sympathetic coöperation of the medical profession. This coöperation can best be obtained through specialized training for the medical students, through making available to physicians the latest developments concerning the venereal diseases; and by the development of state diagnostic facilities for the use of practising physicians.

If the medical profession can treat the venereal disease patients adequately, the United States Public Health Service and like organizations pledge themselves not to invade the field of private practice. The public-health authorities cannot hope to offer adequate remuneration to those who devote themselves exclusively to venereal-disease control work. They also recognize that the highly trained man is entitled to seek in private practice the material returns that his superior training deserves. Such a sincere effort at coöperation on the part of the public-health agencies deserves the warmest response from the medical profession. It is the duty of the medical profession to practice modern diagnostic medicine in venereal-disease work or to leave the work for those who can, and physicians should not accept venereal-disease cases unless they have had adequate training for the work.

The extinction of private practice in venereal diseases is not desired, but it will be deserved if it cannot attain the standards of the most altruistic and energetic public agent in the field.

ARE THERE MORE STRAINS THAN ONE OF SPIROCHAETA PALLIDA?

Journal of the American Medical Association. Vol. 76, No. 13, March 26, 1921.

Up to the present time nothing absolutely definite has come out of the researches on *Spirochaeta pallida*. In 1914, H. J. Nichols suggested that there were more strains than one of this organism. Later he reported the existence of different strains with varying invasive power and with individual characteristics. In 1916, M. A. Reasoner concluded that the nervous involvement in the rabbit can be produced without actually inoculating intracranially; that no morphologic differences in the various strains were discovered, and that even if there are differences in invasiveness and predilection for certain tissues, the individual resistance of the infected person must also be considered a factor.

On the Continent Levaditi and Marie have attracted most attention. The points they brought out are the selective affinity for the two so-called strains; the difference in incubation periods, and the fact that an animal infected with one strain, while immune to subsequent inoculation with the same virus, has no acquired immunity to infection from the other strain. While they admit the possibility of evolution of a special strain from a common source they suggest that the evolution may give rise to a really new strain and that this strain may persist like a Mendelian variant instead of reverting to its former characteristics. More recently, Pagniez reviewed this report and remarks that the belief in the existence of different strains in the same organism is becoming stronger as evidenced by the tendency toward the use of polyvalent serum. He claims virulence as an important factor, and he concludes that syphilis must naturally come under the same law and that even now one would not be far from wrong in differentiating strains in the virus of the disease. Laumonier disagrees with Levaditi and Marie. He claims the difference is in the host and not in the virus and that the variance may be accounted for on this ground. Both sides of the question are worthy of consideration. Further investigations may possibly enlighten the world in the facts of etiology of syphilitic manifestations.

EIN NEUES GESETZ ZUR BEKÄMPFUNG DER GESCHLECHTSKRANKHEITEN.

(A New Law for the Combating of Venereal Diseases.) *Mitteilungen*

der Deutschen Gesellschaft zur Bekämpfung der Geschlechtskrankheiten, Vol. 18, No. 5-6.

Dr. Blaschko in this article discusses the new German law for the combating of venereal diseases which was presented at the eighteenth annual conference of the Society for the Control of Venereal Diseases, held October 23, 1920. The following are some of the major points brought out:

1. Persons are to be prosecuted not as to the character of their professions, but as to their danger to public health.

2. Venereal diseases are to be controlled as part of a public-health measure and are to be dealt with as any other infectious diseases—on the basis of clinical indications, the stage of infection, the personal history of the individual, the doctor and type of treatment he gives.

3. The law is not so much concerned with the small group of registered professional prostitutes, but with those men and women who are recognized as having the diseases in an infectious stage, and who therefore are a menace to public health.

4. Physicians must deal with the diseases as a danger to public health.

The law also brings out another aspect: the duties of patients and physicians. Each patient must be instructed by the physician as to the danger and communicability of the diseases, and each patient must protect the public from his infection. Physicians are exhorted to report all venereal-disease cases which they treat. This duty of notification is carried out in all other contagious diseases and should likewise be carried out with regard to these diseases.

Wet nurses and children must be protected from infection.

Further, quacks and quack advertisements must be prohibited.

Dr. Blaschko concludes by saying that although the venereal diseases cannot be entirely controlled, nor all infectious cases be apprehended, yet much can be accomplished by carrying out the regulations conscientiously. The main work remains in the coöperation between the state officials and the insurance organizations, and the medical profession. The new proposal is in all its parts so full of the modern scientific spirit that all tendency to opposition will be overruled.

NOTE AND COMMENT

GERMANY OFFICIALLY STANDARDIZES THE WASSERMANN REACTION. The Ministry of State for Internal Affairs in Germany passed an enactment at its Conference of July 11, 1919. This decision was in regard to state control of the Wassermann reaction. Among the recommendations adopted were the following:

1. The Wassermann reaction shall be performed only in those laboratories in which the supervising physicians have had sufficient preliminary instruction. These physicians should be skilled not only in the science of the reaction but in selecting competent personnel.

2. For the execution of the Wassermann reaction, a minimum obligatory fee shall be established all over the kingdom; for the extracts and amboceptors used in the reaction, a maximum tariff.

In the matter of the exact cost of the Wassermann reaction, some unpleasant tricks have been gradually introduced. A great many establishments not directed by specialists ask such low prices for examination that they could not possibly give competent and careful examinations. This attitude is unfavorable to obtaining the most certain results and detracts from better establishments. It is for this reason that the Ministry has recommended the adoption of a minimum fee for carrying out the reaction. On the other hand, the fixing of a high tariff on amboceptors and extracts aims to combat the very high prices that certain houses charge.

3. The vessels in which the material for examination is transported should be always obtainable in all the drug stores.

The bill also specifies that the extracts and amboceptors used must be made according to prescribed directions and exclusively by those having license from government officials.

Dr. Max von Niessen, of Dresden, in the May, 1921, issue of the *Urologic and Cutaneous Review*, opposes the decision on the part of the Ministry. He thinks that the endeavor to place the official stamp on the Wassermann reaction is a great mistake. The reaction, according to him, is not only sometimes unreliable, but positively dangerous. State control cannot eliminate the errors which sometimes occur.

He says further that in the interest of syphilis investigation as well as of social hygiene, the Wassermann reaction should be more scientifically investigated by independent institutes before it is officially accepted.

THE AMERICAN GENETIC ASSOCIATION. One of the principal American agencies for the promotion of a reliable knowledge in the fields of plant and animal breeding and racial improvement through eugenics

is the American Genetic Association, with offices in Washington (P. O. Box 472, 11th St. Station). Organized originally to give the breeders of the country opportunity for association and exchange of ideas in their common interest, it has since broadened its program to include the study of the conservation and perpetuation of the best among human beings, and the elimination of the worst. Its president is Dr. David Fairchild, and among its officers and directors are Alexander Graham Bell, Mrs. J. Borden Harriman, W. E. Castle, Sewall Wright, and Frederick Adams Woods. The Association publishes the *Journal of Heredity*, an illustrated monthly magazine of high quality, which appeals equally to the layman and the specialist. It is the only periodical of this class in the United States which deals with these subjects in a popular way. Social hygienists as well as eugenists should be interested in the objects and work of the American Genetic Association.

"REVERSED INSURANCE." The following comment by Dr. Hilda H. Noyes on Insurance and Eugenics which appeared in Vol. IV, No. 8, of the *Eugenical News*, opens up a new field for interesting discussion:

In this country the graduates of our best universities delay marriage from seven to nine years after graduation, and average less than two children each, although it is necessary for those who become parents to have over three surviving children to keep the stock from dying out. The postponement of marriage is due, in the majority of cases, to insufficient income in the early years of becoming established in a business or professional career. To enable these picked individuals to marry earlier why not reverse the ordinary plan of insurance, in which a small sum is paid into the company for a long series of years and at death a large sum is paid to relatives or friends, and in its stead let the company advance the large sums first, in quarterly or monthly installments for a short series of years, decreasing gradually to nothing as the earning capacity of the applicant increased, then let him pay into the company a small sum for a long series of years? The result would be that the aggregate of the small payments coming in would equal the aggregate of the large payments going out plus the necessary expense of management and allowance for failure of payment in case of death of the applicant. A necessary feature would be the investigation of the mental, moral and physical heredity and status of the applicant to determine the quality of the risk. If the plan could be made to work economically, its eugenic influence would be great.

INTERNATIONAL EUGENICS CONGRESS. As the plans for the Congress approach completion, the following interesting developments are disclosed:

Dr. Lucien Cuenot of Nancy, France, has been invited to make the leading address in the first section. Others who are to speak in this section are Dr. E. G. Conklin on "The Role of Cytoplasm in Heredity"; Dr. H. S. Jennings on "Inheritance in Unicellular Organisms"; and Dr. T. H. Morgan on "The Physical Basis of Inheritance."

The leading address in the second section will be given by Dr. Herman Lundborg of Upsala, Sweden. Dr. Corrado Gini, of Rome, editor of *Metron*, will speak on "The War and Eugenics." Dr. Helen Dean King will present a paper called "Is Inbreeding Injurious?"

Dr. M. V. de Lapouge of Poitiers, France, will present the leading address of Section III. "The Physical and Physiological Characteristics of Old Americans" will be discussed by Dr. A. Hrdlicka, and Professor William McDougall will speak on "Correlation of Ability with Social Status."

Section IV has for its leading speaker Major Leonard Darwin, London, England. Among the papers to be read are the following: "Population in Relation to Agriculture," by Dr. E. M. East; "The Height-Weight Index of Build amongst the Italian Adolescents of 50 Years Ago," by Dr. V. Giuffrida-Ruggeri, University of Naples, Italy; and "Some Eugenic Aspects of the Problem of Population," by Dr. Raymond Pearl.

Of course, each of these sections is to have many other interesting papers by eminent people in their particular fields.

SOCIAL HYGIENE BIBLIOGRAPHY

FROM MARCH 1, 1921 TO MAY 31, 1921

Compiled by
JANET F. MELVAIN

- ANTHONY, KATHARINE. The reasonable alliance: marriage and the professional life for women. *Association Monthly*. Jan., p. 3-5.
- BARRY, MARY LEE. An outline for sex education to be given in connection with a course in practical hygiene and home care of the sick. *Public Health Nurse*. May, p. 247-249.
- CLARKE, WALTER. Venereal diseases. A challenge to the Red Cross. League of Red Cross Societies. *Bulletin*. Jan.-Feb., p. 176-184.
- CURTIS, HENRY S. The mother's confessional. *International Journal of Ethics*. Jan., p. 200-202.
- DICKIE, WALTER M. Program of the Bureau of Social Hygiene of the California State Board of Health. *American Journal of Public Health*. April, p. 306-308.
- ELLIS, HAVELOCK. The play function of sex. *Medical Review of Reviews*. March, p. 109-117.
- GANS, OSCAR. Venerische Infektionen im Kriege und im Frieden. *Zeitschrift für Bekämpfung der Geschlechtskrankheiten*. Bd. 19, Nr. 9, v. 10, p. 217-229.
- KEFAUVER, CHRISTINE R. The sexual problem. *Rational Living*. May, p. 346-354.
- MOWRY, ALBERT E. Defects in the present method of attempts to control venereal diseases; suggestions. *Illinois Medical Journal*. April, p. 354-7.
- PAGE, MARY GORDON. Don't marry blindfolded. *McCall's Magazine*. Jan., p. 24.
- PELEMAN, IVY A. Factors making for a high venereal rate of the United States Army in China. *Military Surgeon*. March, p. 329-333.
- POFFENBERGER, A. T. Motion pictures and crime. *Scientific Monthly*. April, p. 336-339.
- PREECE, ROSEMARY. Women jurors and the sex problem. *Health and Efficiency*. March, p. 86.
- RISQUEZ, F. A. La educacion sexual. *Cultura Venezolana*. Dec. 1920, p. 107-123.
- RITCHIE, T. F. The All-America Conference on Venereal Diseases. League of Red Cross Societies. *Bulletin*, March-April, 1921, p. 274-278.
- ROYSTER, LAURENCE T. A statistical report on the incidence of congenital syphilis. *Virginia Medical Monthly*. April, p. 35-36.
- SALEEY, CALEB WILLIAM. Discipline, disinfection, or disease. *New Statesman*. March 5, p. 639-640.
- STANDWELL, T. W. Adult sex education. *Health and Efficiency*. March, p. 100.
- TALMEY, B. S. The psychology of the dance. *American Medicine*. March, p. 129-140.
- THOMSON, ALEC NICOL. Is gonorrhea on the decrease? *Urologic and Cutaneous Review*. Feb., p. 82-84.
- THOMSON, ALEC NICOL. Progress in the eradication of venereal disease during 1920. *Modern Hospital*. March, p. 242-244.
- A UNIQUE EXPERIMENT. *Public Health Journal*. Feb., p. 91-92.
- VERNES, ARTHUR. The protection of the public against syphilis. *International Journal of Public Health*. March-April, p. 147-151.

Social Hygiene

Vol. VII

October, 1921

No. 4

THE MORALS COURT OF CHICAGO

GEORGE E. WORTHINGTON¹

Associate Director, Department of Law Enforcement Activities, American Social Hygiene Association

AND

RUTH TOPPING

Field Secretary, Bureau of Social Hygiene

Editors' Note.—The accompanying report on The Morals Court of Chicago is the first of a series of studies of specialized courts dealing with sex delinquency in certain metropolitan centers of the United States. These are to be published in successive issues of SOCIAL HYGIENE, and also gathered together and issued in book form.

The chapter heads are as follows:

- I. The Morals Court of Chicago.
- II. The Misdemeanants' Division of the Philadelphia Municipal Court.
- III. The Second Sessions of the Boston Municipal Court.
- IV. The Women's Court of New York.
- V. Comparison of Practices in the Four Courts Studied.
- VI. Essentials of a Court for Sex Delinquents.

These studies were undertaken jointly by the Bureau of Social Hygiene and the American Social Hygiene Association, as a scientific investigation, with no preconceived findings to be reached, and no propaganda to spread. Many persons interested in problems of social hygiene have felt that in the courts dealing with sex offenders serious administrative inequities often operate against the women delinquents. Some, learning of the provision for trial by jury in Chicago, believe this to be an important safeguard against sex discrimination. The study of the Chicago court was therefore entered upon with the object of ascer-

¹ Member of the New York and Washington bars.

taining the exact conditions on this and other points. Later, the addition of other prominent city courts seemed natural for purposes of comparison. In the final instalment of the series, the authors will seek to analyze and compare critically the practices of the several courts, with the intent to make certain general recommendations which have crystallized out of their experience.

The studies have been carried out in collaboration by Miss Topping and Mr. Worthington, the former handling particularly the social and statistical aspects of the survey, and the latter, the legal.

AUTHORITY AND JURISDICTION

The Morals Court is a branch of the Chicago Municipal Court. The Municipal Court was created by an act of the Illinois Legislature in 1905.¹

The Municipal Court has jurisdiction of all misdemeanors;² quasi criminal actions,³ such as violations of city ordinances; and also the functions of a magistrate, such as arraignments and proceedings for the prevention of the commission of crimes.⁴

The judges are elected for a term of six years, the qualifications providing that they shall be citizens of the state, at least thirty years old, and shall have engaged in the active practice of law or as a judge for at least five years next preceding their election.¹

Appeals are taken directly either to the Supreme Court, or the Appellate Court under conditions hereinafter set forth.¹

Power is given the judges to create by order, branch courts from time to time, and under this authority, the Morals Court was created by Gen. Order No. 240 of April 3, 1913, of the Municipal Court, as amended Dec. 18, 1913, by G. O. No. 276. This order reads as follows:

It is hereby ordered, that there be and hereby is established a branch of this court before which all criminal and quasi-criminal cases of offenses of keeping, maintaining, leasing, and patronizing houses of ill fame and places for the practice of prostitution or lewdness, enticing

¹ Pars. 3313-3385, Illinois Statutes of 1913.

² Par. 3314, Subd. 3, Illinois Statutes of 1913.

³ Par. 3314, Subd. 5, Illinois Statutes of 1913.

⁴ Par. 3314, Subd. 6, Illinois Statutes of 1913.

female into or detaining female in a house of prostitution or other place where prostitution, fornication, or concubinage is practiced, inducing female to leave the state for the purpose of prostitution or fornication, open lewdness or other notorious act of public indecency tending to debauch the public morals, selling or dealing in obscene, immoral, or impure books, pictures or literature, and nightwalking, shall on and after April 7, 1913, be brought, tried and disposed of. The above shall include all criminal informations, complaints to hold to await the action of a grand jury and complaints for violation of ordinances. Said branch court shall be designated as Criminal Branch No. 2, and until further order herein shall be held in Court Room 1106 in the City Hall in the city of Chicago.

PURPOSES

The Morals Court was established at the request of the famous Chicago Vice Commission, which recommended such a court in order to put pressure on the city authorities and the State's Attorney to compel them to enforce the laws and wipe out the segregated vice district in Chicago. By bringing all such cases into one court, it was possible for the general public without much difficulty to observe in what manner the authorities enforced the law. . . . With all these cases in one court the activities of such persons can be controlled.

The activities of the police force are, of course, easily observed in such courts, and the social agencies of the city can better render personal service wherever such is required.¹

The establishment of the Morals Court

" . . . followed as a natural sequence to the breaking up of the segregated district, the judges having in mind that instead of that system of segregation which in the past was maintained to build up vice and destroy lives, they would segregate for the purpose of building up lives and destroying vice. As a result, Chicago may now boast of the fact that, instead of that segregated place where vice was cultivated and encouraged, and girls and women degraded and despoiled, it has a place for the gathering up of the unfortunate offenders; where those who desire to do better find friendly aid and encouragement; where the sick are ministered to, the vicious prosecuted and punished and where all the vile influences of the underworld are exposed to view—influences which,

¹ Chief Justice Harry Olson, "The Municipal Court of Chicago," an address delivered before the Ontario Bar Association, March 4, 1920, pp. 8-9.

left unrestrained, soon gain a dominant power over the body politic." . . . When they were scattered among the other courts, "the unfortunate women were made the victims of unscrupulous bondsmen, shysters, panders, and fixers, who always abound in these courts, and whose manipulations it was impossible to observe or check because of the lack of administrative machinery, and because of the fact that the judges in these courts were being constantly changed and had no opportunity to become familiar with conditions beyond those appearing from the evidence in the case at bar. It requires considerable experience to deal properly with these cases and to acquire an understanding of them. Even the judge sitting constantly in the Morals Court finds difficulty in grasping the real situation. There is always present an undercurrent, which seldom shows itself above the surface. . . . This difficulty might be overcome by a judge sitting in this court permanently. . . . By maintaining this separate branch, . . . the defendants can be more or less protected from the operations of impostors; and, above all, we are given the opportunity of taking a glimpse at the social aspect of this morbid business and of ascertaining the physical, mental, and social condition of the individuals involved. . . . A trained judge becomes expert in determining what disposition should be made of each case in the light of all the bigger facts of which he becomes cognizant, which are necessary to a proper understanding of the problem, but are not presented to him from the witness-stand. He is also put in a position to call upon the many splendid social agencies for personal service whenever their aid is required."¹

To summarize, the purposes are: to reduce commercialized prostitution by a concentration of all prostitution and allied cases in one court, which would demonstrate the tremendous volume of the business of prostitution, and thereby result in arousing the public conscience; to check up the workings of the police in this particular field; to avoid waste of judicial power, save time, promote efficiency of administration, and lastly to deal more wisely with offenders and to marshal the social agencies organized for the assistance of such cases.

LAWS ENFORCED BY MORALS COURT

This report will be concerned more particularly with those phases of the court's activities which relate to prostitution either

¹ Judge Harry M. Fisher, Tenth and Eleventh Annual Reports, Municipal Court of Chicago, 1915-1917, pp. 85-86.

directly or indirectly. This, of course, is what the court is chiefly concerned with, although a few cases involving abduction, seduction, and obscene literature or pictures are also heard.

To shed light upon the jurisdiction as well as the limitations of the court in cases involving prostitution, it has been deemed wise to set forth the statutes and ordinances covering this subject.

Table 1 of the appendix,¹ setting forth dispositions of cases of sex offenders, during the first six months of 1920, classified by offense, shows that by far the greater number of cases brought into the Morals Court are for violations of city ordinances. The ordinances with which the Morals Court is concerned, are known as 2012, 2014, 2015, 2018, and 2019, of the Chicago Code of Ordinances of 1911, which ordinances read as follows:

2012. Disorderly Conduct—penalty. All persons who shall make, aid, countenance or assist in making any improper noise, riot, disturbance, breach of the peace or diversion tending to a breach of the peace within the limits of the city; all persons who shall collect in bodies or crowds for unlawful purposes, or for any purpose, to the annoyance or disturbance of other persons; all persons who are idle or dissolute and go about begging; all persons who use or exercise any juggling or other unlawful games or plays; all persons who are found in houses of ill-fame or gaming houses; all persons lodging in or found at any time in out-houses, sheds, barns, stables or unoccupied buildings, or underneath sidewalks, or lodging in the open air and not giving a good account of themselves; all persons who shall wilfully assault another in said city, or be engaged in or aid or abet in any fight, quarrel or other disturbance in said city; all persons who stand, loiter, or stroll about in any place in said city waiting or seeking to obtain money or other valuable thing from others by trick or fraud or to bid or assist therein; all persons that shall engage in any fraudulent scheme, device or trick to obtain money or other valuable thing in any place in said city, or who shall aid or abet or in any manner be concerned therein; all touts, ropers, steerers, or cappers, so-called, for any gambling room or house who shall ply or attempt to ply their calling on any public street in said city; all persons found loitering about in any hotel, block, bar-room, dramshop, gambling house, or disorderly house, or wandering about the streets either by night or day without any known lawful means of support, or without being able to give a satisfactory account of themselves; all persons who shall have or carry any pistol, knife, dirk, knuckles, slung-shot, or other dangerous weapon concealed on or about their person; and all persons who are known to be thieves, burglars, pickpockets, robbers or confidence men, either by their own confession or otherwise, or by having been convicted of larceny, burglary, or other crime against the laws of the State of Illinois, who are found lounging in or prowling, or loitering around any steamboat landing, railroad depot, banking institution, place of public amusement, auction room, hotel, store, shop, thoroughfare, car, omnibus, public conveyance, public gathering, public assembly, court room, public building, private dwelling-house, out-house, house of ill-fame, gambling

¹ For description of all tables, see p. 408 ff.

house, tippling shop, or any public place, and who are unable to give a reasonable excuse for being so found, shall be deemed guilty of disorderly conduct, and upon conviction thereof shall be severally subject to a fine of not less than one dollar nor more than two hundred dollars for each offense.

2014. Keeping house of ill-fame or assignation—penalty. No person shall keep or maintain a house of ill-fame or assignation, or place for the practice of fornication or prostitution or lewdness, under a penalty of not to exceed two hundred dollars for every twenty-four hours such house or place shall be kept or maintained for such purpose.

2016 Patrons or inmates of houses of ill fame or assignation. No person shall patronize, frequent, be found in or be an inmate of any house of ill-fame, or assignation, or place for the practice of prostitution or lewdness, under a penalty of not exceeding two hundred dollars for each offense.

2018. Night Walkers. Soliciting upon the streets or public places. All prostitutes, solicitors to prostitution, and all persons of evil fame or repute, plying their vocations upon the streets, alleys, or public places in the city, are hereby declared to be common nuisances, and shall be fined not to exceed one hundred dollars for each offense.

2019. Public Nuisance. Every common, ill-governed or disorderly house, room or other premises, kept for the encouragement of idleness, gaming, drinking, fornication, or other misbehavior, is hereby declared to be a public nuisance, and the keeper and all persons connected with the maintenance thereof, and all persons patronizing or frequenting the same, shall be fined not exceeding two hundred dollars for each offense.

The state laws with which the court is particularly concerned are the following. Section 57a-1 of the Criminal Code, commonly known as the Kate Adams law:

Whoever is an inmate of a house of ill-fame or assignation or place for the practice of fornication or prostitution or lewdness, or who shall solicit to prostitution in any street, alley, park or other place in any city, village or incorporated town in this state, shall be fined not exceeding two hundred dollars, or imprisoned in the county jail or House of Correction for a period of not more than one (1) year, or both.

Section 57, keeping a disorderly house, patronizing, etc.:

Whoever keeps or maintains a house of ill-fame or place for the practice of prostitution or lewdness, or whoever patronizes the same, or lets any house, room or other premises for any such purpose or shall keep a common, ill-governed and disorderly house to the encouragement of idleness, gaming, drinking, fornication or other misbehavior, shall be fined not exceeding \$200.

Section 57g, commonly known as the pandering law:

Any person who for procuring a female for a house of prostitution, or who by promises, threats, violence or by any device or scheme, shall cause, entice, persuade or encourage a female person to become an inmate of a house of prostitution, or shall procure a place as inmate in a house of prostitution for a female person, or any person who shall by promises, threats, violence or by any device or scheme, cause, induce, persuade or encourage an inmate of a house of prostitution to remain therein as such inmate, or any person who shall, by fraud or artifice, or by duress of person or goods, or by abuse of any position of confi-

dence or authority, procure any female person to become an inmate of a house of ill-fame, or to enter any place in which prostitution is encouraged or allowed within this state, or to come into this state, or leave this state for the purpose of prostitution, or who shall procure any female person to become an inmate of a house of ill-fame within this state, or to come into this state, or leave this state for the purpose of prostitution, or who shall receive or give or agree to receive or give, any money or thing of value for procuring or attempting to procure, any female person to become an inmate of a house of ill-fame within this state, or to come into this state or leave this state for the purpose of prostitution, "or any person who shall knowingly, without lawful consideration, take, accept, or receive money or thing of value from any female person from the earnings of her prostitution, or any person who shall directly or indirectly take, receive or accept money or other thing of value for providing, procuring or furnishing for another any person for the purpose of illicit sexual intercourse," shall be guilty of pandering, and upon conviction for an offense under this act, shall be punished by imprisonment in the County Jail or House of Correction for a period of not less than six months nor more than one year and by a fine of not less than \$300 and not to exceed \$1,000, and upon conviction for any subsequent offense under this act, shall be punished by imprisonment in the penitentiary for a period of not less than one year nor more than ten years.

Section 11, known as the Fornication and Adultery Law:

If any man and woman shall live together in an open state of adultery or fornication or adultery and fornication, every such person shall be fined not exceeding \$500, or confined in the county jail not exceeding one year. For a second offense, such man or woman shall be severely punished twice as much as the former punishment, and for a third offense treble, and thus increasing the punishment for each succeeding offense. Provided, however, that it shall be in the power of the party or parties offending, to prevent or suspend the prosecution by their intermarriage, if such marriage can be legally solemnized, and upon the payment of the costs of such prosecution.

Section 270, known as the Vagrancy Law:

All persons who are idle and dissolute, and who go begging; all persons who use any juggling or other unlawful games or place; runaways; pilferers; confidence men; common drunkards; common night walkers; lewd, wanton and lascivious persons, in speech or behavior; common railers and brawlers; persons who are habitually neglectful of their employment or other calling, and do not lawfully provide for themselves, or for the support of their families; and all persons who are idle, dissolute, and who neglect all lawful business, and who habitually misspend their time frequenting houses of ill-fame, gaming houses or tippling shops; all persons lodging in or about in the night time in out-houses, sheds, barns, or in unoccupied buildings, or lodging in the open air, and not giving a good account of themselves, and all persons who are known to be thieves, burglars or pick pockets, either by their own confession or otherwise, or by having been convicted of larceny, burglary, or other crime against the laws of the state, punishable by imprisonment in the state prison, or in the house of correction of any city, and having no lawful means of support, who are habitually found prowling around any steamboat landing, railroad depot, banking institution, broker's office, place of public amusement, auction room, store, shop, or court, thoroughfare, car or omnibus, or at any public gathering or assembly or lounging about any court room, private dwelling houses, or out-houses, or are found in

any house of ill-fame, gambling house, or tippling shop, shall be deemed to be and declared to be vagabonds.

Stats. 1913, 3737, Soliciting, by either male or female for prostitution.

If any one shall, through invitation or device, prevail upon any person to visit any room, building, booth, yard, garden, boat, or float kept for the purpose of gambling, or prostitution or fornication, he shall, on conviction thereof, for the first offense, be fined not less than \$10 nor more than \$100; second offense, \$100 to \$300, or six months in county jail.

It will be noted that in all of these ordinances and state laws, there is no provision for commitment except in the Kate Adams Law, the pandering law, and the fornication and adultery law. Only women offenders are punishable under the Kate Adams Law, the Supreme Court, in the case of *People against Rice*, 277, Ill. 521, having held that men cannot be inmates of a disorderly house.¹ It should be also noted that fornication and adultery are not offenses except where the parties live together in an open state of fornication or adultery; in other words, a single act of fornication or adultery does not constitute an offense. Table 1 in the Appendix contains a study of the records for a six-months' period, which indicates the relative use of the foregoing laws and ordinances, as well as the disposition thereunder.

Another law with which the court is specially concerned is Paragraph 4, Section 6092, Laws of 1919, which provides that "when it appears to any judge or justice of the peace from the evidence or otherwise that any person coming before him on any criminal charge may be suffering from any communicable venereal

¹ "If the defendant is found guilty, the court may impose a fine; or (in the case of a female inmate of a house of prostitution, or one charged with soliciting on the street), it may, under Sec. 57a-1, Criminal Code, enacted in 1915, send her to the House of Correction for a period not exceeding one year, and impose a fine not exceeding \$200. Formerly this Act was construed to apply to male inmates and to keepers; but our Supreme Court, in the case of *People vs. Rice*, 277, Ill. 521, held this Act does not apply to male inmates, and, by the same reasoning, to keepers. By this holding, the real effectiveness of this statute is destroyed. Its effect is to enable the courts to deal out more severe punishment to those least deserving it, the unfortunate girls. The men who live upon them (unless they are guilty of pandering) . . . and the keepers, . . . who get more of the proceeds than the girls get, these may be fined not to exceed \$200; whereas the girl may be sent to the House of Correction for one year, plus a \$200 fine." Tenth and Eleventh Annual Report, Municipal Court of Chicago, 1915-1917, pp. 89-90.

disease, it shall be the duty of such judge or justice of the peace to refer such person to the direction of such hospital, sanitarium, or clinic, or to such other officer as shall be selected or appointed for the purpose of examining the accused person, and if such person be found to be suffering from any communicable venereal disease, he or she may by order of the court be sent for treatment to a hospital, sanitarium or clinic if any be available, and if necessary, be segregated for such terms as the court may impose at such hospital, sanitarium, or clinic." This law vests in the court duties that one ordinarily would expect to be exercised by a health department, and may explain some of the present procedure of the court.

PROCEDURE

The usual criminal procedure prevails of arrest, detention, and bail, complaint and trial. The class of cases tried before this Court does not require a grand jury indictment.

1. *Arrest.* Cases reach the Morals Court in two ways: first, upon the complaint of a citizen in which case a warrant is generally issued; and second, by police initiative, which may involve an arrest either with or without a warrant. There was at the time of the investigation no specially organized plain-clothes vice squad in Chicago. About five plain-clothes men operated directly under the general superintendent of police. In addition, there were two or three plain-clothes men in each police precinct who might be assigned to vice duties. The work of these men was limited largely to the detection and arrest of persons who solicit on the street for the purpose of prostitution,¹ rather than to the securing of evidence against disorderly houses, hotels, apartments, etc. They also made occasional raids upon disorderly houses or hotels where a complaint had been entered. Practically no raids were being made, according to the best information available, except on places which had a general reputation for being disorderly, and where complaints of private individuals had been entered. Law enforcement authorities seemed to be unanimous in agreeing that the pseudo-respectable hotels and

¹ See Case B, p. 368.

apartments were not being molested by the police. For this reason, the so-called better class of prostitutes and their customers were not passing through the machinery of the courts. This may account in part for the comparatively small number of bond forfeitures¹ during the six months' period.²

2. Detention and Bail. When a woman was arrested she was said by police headquarters officials to be detained for physical examination regardless of whether or not she could make bail. She was booked on an "open charge" and generally detained in one of the three detention houses over night. On the following morning, and before trial, she was taken to the Iroquois Hospital for examination.³ In the case of the men who were arrested, provision was made for fixing immediate bail, and upon bail being made, the male defendant was released. Municipal Court Rules 24-30 contain the provision governing the acceptance of bail. The following is the rule for the acceptance of cash bail:

Rule 26. Any defendant arrested in any criminal case in which the Municipal Court has original jurisdiction, or in any quasi-criminal case, may, in lieu of giving bail for his appearance, deposit with the clerk or with any chief of police, captain of police, lieutenant of police, or desk sergeant of police, a sum of money, as follows:

For a violation of Section 2012 of the Chicago Code of 1911, \$25 to \$100.

For a violation of Section 2807 of Chicago Code of 1911, \$200.

For a violation of Section 1950 of Chicago Code of 1911, \$50 to \$200.

For a violation of Section 2025 of Chicago Code of 1911, \$50 to \$200.

For assault and battery, \$25 to \$100. In bastardy cases, \$550.

In all other cases a sum equivalent to the maximum fine provided as a punishment for the offense. Unregistered bonds of the government of the United States and the city of Chicago may be deposited the same as money, such bonds being accepted at their par value with accrued interest. If any such bonds shall not be redeemed within thirty days after the accrual of liability growing out of a forfeiture or judgment against the defendant, the Clerk of the Court shall either turn said bond into the city treasury at its par value with accrued interest or shall sell it at private sale with or without notice at the current market price, rendering the surplus, if any, to the person that deposited said bond. (As amended by General Order No. 373, May 25, 1917.)

¹ See Table 5, fourth column, showing cash or surety bonds forfeited.

² "Not many prosperous looking prostitutes are brought in. Probably because of their relatively higher intellects, they are in a position to evade the authorities; although one is tempted to suspect that other influences contribute to their immunity." Tenth and Eleventh Annual Reports, Municipal Court of Chicago, 1915-1917, p. 85.

³ Mr. Worthington noted that of the cases of women arraigned during the three days in which he was present at sessions of the court, all but four women had been examined previous to trial or arraignment.

The judge then sitting in the Morals Court stated that in the case of a surety bail bond, the amount is customarily fixed at \$400. Table 12, in the Appendix, shows the number and amount of cash bonds accepted in the Morals Court from January 1 to July 1, 1920. Only a partial list of bond forfeitures¹ for this period could be secured. This shows sixty-two forfeitures of cash bonds and two of surety bonds.

3. *Complaint and Trial.* According to the report of Judge Fisher, in virtually all cases coming before the Morals Court, complaint follows, rather than precedes, arrest. The offenders are apprehended on sight and brought before the court the next morning when a complaint is presented (upon application) for leave to file. Judge Fisher has the following to say about his practice in this respect, covering a period prior to December, 1917:

Great care should be exercised by the court in ascertaining whether the facts in the case justify filing a complaint. A guiding thought of the judge should be to prevent injustice. What greater wrong can be done a respectable woman than making a public record of immorality against her and forcing her to contest the charge in a public hearing, for when leave to file a complaint is given, a public trial must be had under the constitution and the laws of the state. It was, therefore, my practice to interrogate the complaining witness or officer in chambers in the presence of the state's attorney, the prosecuting attorney, defendant, and social worker on the application for leave to file a complaint. If no probable cause was shown, leave was, of course, refused. If the circumstances were such that justice would be better served by not prosecuting the complaint, the state's attorney or city prosecutor would, of his own motion or by the court's suggestion, withdraw the application for leave to file the complaint, even if a *prima facie* case were made

¹ A court attaché explained that the following was the procedure observed when a bond on which a third party was surety was forfeited: The bondsman appeared at an *ex-parte* hearing; the court was informed as to the nature of the evidence against the defendant, and the usual fine and costs assessed, which were paid by bondsman, whereupon he was released from obligations existing under his bond. In case of a cash deposit by a third person, he is returned the balance after the payment of fine and costs. The authors of this report did not personally observe such a proceeding.

out; thus the woman was saved the humiliation of a public trial and a permanent record.¹

The practice observed at the time of the present investigation was for the clerk to have the complaint ready for the judge's signature upon the defendant's case being called. The judge thereupon signed it without any preliminary examination into the facts and then proceeded immediately with the trial or other disposition of the case. These complaints were said to have been drawn up by a police sergeant and needless to say advantage was not infrequently taken by the defendant of their many defects on a motion for a new trial or upon appeal. The procedure observed by the court in handling the cases was said to differ somewhat with the various judges. The judge sitting at the time of the investigation had a ruling that he would not split cases; that is, in case several people were brought in on a raid and one of them failed or refused to sign a jury waiver, all of the persons arrested at the same time by the same officers, were sent to the Jury Branch, in spite of the fact that some of the defendants urged to be granted an immediate trial and disposition of their case. If any of the defendants in the case were women the court made the customary inquiry as to whether or not they had been physically examined. If any women had not been examined, the cases of all defendants arrested with them were continued for ten days, so that the women might be examined and the laboratory reports received. In case it was stated that a woman had refused to be examined, the case was continued. Court attachés and health department representatives then had an opportunity to use their persuasive powers to get the woman to agree to such an examination. In the case of three women who came before the court, in which the statement was made that they had refused to submit to examination, one of the court attachés was overheard to say, "They'll give us a fight on it, but they will submit later on . . ."²

¹ Tenth and Eleventh Annual Reports, Municipal Court of Chicago, 1915-1917, pp. 88-89

² He further stated: "No bondsman will sign her bond unless the girl submits to the test," which was described as a "bit of coöperation" between the health department and the bondsmen.

There was a conflict of opinion as to whether or not any of the men are examined. Although provision is made by law¹ for the examination of persons charged with a criminal offense, the law further specifying, "if such person be found to be suffering from any communicable venereal disease, he or she may by order of the court be sent for treatment to a hospital, sanitarium, or clinic, etc.," with the exception of a single case, no evidence could be found of the examination, treatment, or segregation of male defendants brought before the Morals Court. Searches were made of the court, probation, and institutional records for cases of this kind. Statements regarding the practice of the court and department of health in this regard were so conflicting as to form no basis for an accurate estimate of the number, if any, or disposition of the cases. The one instance found was that of a young man twenty-two years old removed from the County Jail to the venereal disease ward of the County Hospital; the record showed that the boy had been serving a sentence imposed by the Morals Court.

As the defendants stepped up to the clerk's desk after their names had been called and they had been sworn in, a jury waiver was put before them accompanied by a muttered word from the clerk about signing which apparently conveyed little meaning to the defendant. If the defendant were represented by an attorney, he might advise her to sign the waiver, or if it seemed to be advantageous to have the case tried before the judge of the jury court, or if for any reason a jury trial were desired, the customary procedure was to refuse to sign the waiver, which automatically sent the case into the Jury Branch. This procedure was not infrequently taken advantage of by defendant's attorney to relieve him of any possible embarrassment which might arise from filing an affidavit of prejudice,² in case the judge might not be to his liking.

¹ Paragraph 4, Section 6092, Illinois Laws of 1919, discussed on pp. 358 ff. of this report.

² The right to a change of venue in the Municipal Court is apparently unlimited as to the number of judges against which it might be directed. The case of *People vs. Ben Zellern* is reported in the Annual Report of the Chicago Committee of Fifteen for 1920 (p. 9) in which an affidavit was filed objecting to eighteen of the thirty-one judges, and a judge finally was assigned who was not objectionable to defendant.

If the offense is a violation of a city ordinance, the prosecution is conducted by a deputy city prosecutor. If it is a violation of a state law, the deputy state's attorney prosecutes. The rules of evidence relating to civil cases govern in the case of a violation of a city ordinance, such a case being said to be construed in law as having the effect of a civil case, and, therefore, a preponderance of evidence is sufficient to sustain a conviction. In the offenses against state laws, however, it is necessary, under the rules of criminal evidence, to prove the case beyond a reasonable doubt. The judge stated that city cases may be dismissed by the city prosecutor without leave of court. State cases, however, cannot be dismissed by the state's attorney without the consent of a judge of the Municipal Court.

No court reporter is provided to take a stenographic record of the testimony or proceedings. This is a distinct disadvantage to the court as well as the parties, as the judge must rely wholly upon his memory to detect conflicting statements and evidence of perjury. The disadvantage to all concerned, in case of appeal, is apparent.

Finger-prints are not made of defendants appearing in the Morals Court, either before or after conviction, because of lack of statutory authority. The one accurate method for detecting recidivism adequately is therefore lacking.¹

Probably the feature that most impresses the court visitor is the great number of cases that are continued. This is indicated to a certain extent by the third column of Table 5, which shows the number of continuances during the first six months of 1920, although one cannot determine from it how many cases these continuances represent, the number of times a single case may

¹ The Cleveland Hospital and Health Survey (1920, p. 427) has the following to say in behalf of the finger-print system for this class of cases: "The finger-print system for convicted sex offenders is of the utmost value to the judge in his disposition of cases. Repeaters constantly give false names and often escape identification without such a system. As above indicated, the test of court treatment is the proportion of offenders who repeat. This test cannot be applied without an infallible system of identification. The finger-print system is the only one that is infallible. Constructively it enables the judge to determine, within five minutes after conviction of an offender, the probable value of probation, reformatory treatment, and the need for mental examination."

have been continued, nor the interval of time between continuances.¹ The day's docket may contain fifty or more cases, out of which during three days' observation, not more than half a dozen cases a day were actually tried. In some continued cases the witnesses were not present although such witnesses were police officers. Some of these cases were dismissed and the defendants discharged for want of prosecution. Several cases of violations of city ordinances were dismissed on motion of the city prosecutor who stated to the court that he did not believe the evidence he had was sufficient to convict. The state cases, however, which are prosecuted by the deputy state's attorney, were almost invariably tried. These were mostly fornication and adultery cases, with a few under the Kate Adams Law. Less than half a dozen cases a day are brought under the Kate Adams Law which is the only law that provides for the commitment of prostitutes and night walkers, most of such cases being brought under Section 2018 of the city ordinance which provides by way of punishment, a maximum fine of \$100 and no commitment. Exclusive of fornication and adultery, there is no ordinance or statute under which a man may be committed for any offense which involves prostitution, except pandering or white slavery. The keeper of a disorderly house is subject merely to a fine not exceeding \$200, although his women inmates are subject to commitment. The Kate Adams Law which provides, among other things, for the punishment of inmates of houses of prostitution was held in the case of *People v. Rice*, 277 Illinois, 521, to apply only to the women. Consequently men cannot be convicted or committed under this law. The defendant in the case cited, was a clerk in a hotel which had the reputation of being disorderly. By this decision, keepers of bawdy-houses or pimps who actually

¹ In order to gain some definite knowledge of this practice, a study was made of the first one hundred women in 1920 whose cases had been continued one or more times. These one hundred cases are grouped in three tables in the appendix, showing, respectively, the number of continuances in relation to final disposition (Table 8); the interval of time between appearance in Morals Court and final disposition (Table 9); and a third table showing the relation of number of convictions to intervals of time between first and final hearing (Table 10).

live in disorderly houses, if they are men, are not punishable under that law.

A number of cases were noted in which bonds were declared forfeited for non-appearance of defendants. In several instances the defendant called was a woman, and the health department representative was asked whether or not she had been examined. In a few cases the woman had been released on her own recognizance after examination. In two cases the results of the examination indicated that she was diseased. In these cases, capiases were issued for the rearrest of defendants. No instance of a capias issuing for the rearrest of a man was noted. The health department representative stated that a capias was issued only when examination revealed the defendant to be diseased. It was further noted that no inquiry was made as to whether or not the male defendants were diseased.

The observer is struck forcibly by the practice of long-time continuances.¹ The first continuance was customarily for ten days. This was the minimum time in which the report of the physical condition of the defendant was available to the court. If a defendant were reported infectious, it was customary to continue the case for a month. Further continuances were then granted at the request of the health department representative.

Table 10, in the appendix, is illustrative. It is noteworthy that of the one hundred cases there shown only 11 per cent were tried without a continuance of more than ten days.

SPECIALIZATION

As indicated by the statement of Judge Fisher, quoted on page 353, the Morals Court is a specialized court more in name than in fact. Judge Fisher mentions the desirability of one judge being assigned to the court permanently. That this has not been done up to the time of the survey, is indicated by Table 7. This frequent change of judges renders it nearly impossible for any one judge to become expert in this class of cases. Furthermore, a considerable number of cases which should come before this court are not tried there due to a practice of filing affidavits for

¹ See Note 1, page 365.

a change of venue against judges¹ who are objectionable to the defendant and also due to the practice of making frivolous jury demands. Under the existing procedure, because of rights existing under the Illinois Constitution, a defendant is entitled in all cases to a jury trial unless he signs a jury waiver. Failure to sign the jury waiver results automatically in the granting to defendant of a jury trial. When an experienced offender is brought before the court or where the defendant is represented by crafty counsel, the practice is to demand a jury if the judge sitting in the Morals Court is objectionable to the defendant.² This automatically sends the case into the criminal jury branch, resulting, of course, in a delay.³ Table 6 in the Appendix presents a study of court action on cases transferred from the Morals Court to the Jury Branch, January 1 to June 30, 1920. By the time the defendant's case is called in the Jury Court, the objectionable judge may be gone from the Morals Court and a new judge assigned there, in which case the defendant may then sign the jury waiver and have a chance to be tried before the judge in the Morals Court; or, as generally happens, the trial will be had before the judge of the Jury Branch without a jury. An actual jury trial of a morals case is very rare. Of the 93 who made jury demands during this period, only five, or 5.3 per cent actually were tried by jury. Nor are all morals cases in which a jury demand is made tried in the Criminal Jury Court.⁴ The calendar of this court is fre-

¹ See Note 2, page 363.

² That the calculations of counsel and defendant miscarried somewhat during the first six months of 1920 covered by our study is indicated by a comparison of the percentage of convictions in the Morals Court with the percentage of convictions in cases transferred to the Jury Branch. These percentages stand as follows:

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Morals Court.....	25.1	20.1	22.9
Jury Branch.....	38.2	21.7	30.1

³ The clerk states that the average period between appearance on charge and trial by jury is about seven days. Between date of arraignment in Morals Court and the call in the Jury Branch during the first six months of 1920, the average length of time elapsing was 10 days; between date of arraignment in Morals Court and final disposition in the Jury Branch, the average was 24 days.

⁴ Jury demands were made in 5847 Criminal Cases in the Municipal Court in 1919 automatically bringing that number into the Jury Branch. Of these, only 248 or 4.2 per cent took trial by jury after getting into the jury court. Of the Morals Cases during six months in 1920, 94.7 per cent did not take a jury trial after getting into the jury branch.

quently so filled with other criminal cases that Morals Court cases requiring a jury trial occasionally have to be sent to other jury branches. Inasmuch as there are nine jury branches of the Municipal Court, it is possible for these cases to be scattered among nine different courts.

In order to give a concrete illustration of the way in which morals offenses were being handled at the time of the survey, the following record is given of cases, the trial of which was observed from a position beside the judge. These cover a four-day period in July, 1920.

ILLUSTRATIVE CASES

A. Couple taken in raid on disorderly hotel as a result of complaints by neighbors against house. Girl alleged she was a chambermaid and was charged with violation of Kate Adams Law (inmate). Girl had been physically examined and pronounced negative. Man charged with violation of city ordinance 2012 (disorderly conduct). Vice officers testified hotel was of known bad reputation and that previous convictions for prostitution had been obtained from the same address. Man admitted that he had gone to the same place once before "to get a woman"; that he had gone there again on the present occasion for the same purpose, and that the woman defendant had met him in the hall and taken him to her room for the purpose of prostitution, which purpose was accomplished. Officers corroborated this by testifying that defendants were in room together when they arrived. These allegations were denied by woman, who stated that in the course of her performance of the duties of chambermaid, she was engaged in cleaning up male defendant's room when the police entered. Her appearance in court would indicate that the occupation of chambermaid must be rather lucrative, inasmuch as she was expensively attired and had not spared the rouge in the adornment of her face. The fact that her physical condition was negative apparently weighed heavily in her favor, however, and she was acquitted. Male defendant's admissions were accepted as a confession, and he was fined \$1 and costs.

B. Three women charged with violation of ordinance 2018 for soliciting prostitution on the streets. All three were eligible for trial, as examination had disclosed their physical condition to be negative in the matter of disease. Officer testified he saw first woman addressing several men on the street after 10:30 in the evening; that he knew the woman to be a prostitute and that she had been arrested before. Woman

admitted that she had been arrested a few times before for solicitation, but stated that that was more than six months ago and that she was going straight now. She said that she was employed to do housework two or three times a week at a place near where she was arrested and that on the evening in question she was going from this alleged place of employment to a "movie." She furnished no corroboration as to her employment and also did not answer satisfactorily why she was going to a "movie" after 10:30 at night. She was discharged with a word of warning to be careful in future.

The testimony of the officer as to the other two women, was that he had observed them walking back and forth on a corner where street-walkers usually solicit. These two women tried to show in their defense as an alibi that one was on her way to visit the other. It happened that the judge lived near the address that the woman gave, so that he had judicial knowledge that she was giving a false address as there happened to be no such number in that block. He asked the other woman how she was going to reach that address and she gave the name of a car line which she said she had taken, but which as a matter of fact did not run in that vicinity. Because of these contradictions, the judge stated that their other testimony was discredited, and they were found guilty of soliciting on the streets. They were fined \$3.00 with costs assessed at \$2.00 ("three and two," in the language of the court).

C. Negro woman charged with violating city ordinance 2018. Was arrested for soliciting on the street. Had taken male customer to her room where they had been arrested. Male defendant forfeited bail. No *capias* or bench warrant issued. Arresting officers were asked what their evidence was. Defendant offered no testimony. Woman defendant had been at Lawndale Hospital under quarantine for a venereal disease for seven or eight weeks, and had been returned to court as non-infectious. The judge stated that inasmuch as she had been at the hospital so long she had been punished enough, and dismissed her case, saying to her as she left, "Go forth and sin no more."

D. Charge, fornication and adultery (statutory offense). Woman for fornication; man for adultery. Complainant, wife of male defendant. Woman defendant reported negative. The evidence showed that the male defendant had deserted his wife and had lived in an open state of adultery for thirty days with the woman defendant, during which time they had represented themselves as man and wife; that the female defendant knew her paramour to be a married man, and that she had described herself to the landlady and others as his wife. The judge

sentenced the man to thirty days in the House of Correction and continued the case of the woman for a day, so that her social history might be secured to guide him in his disposition of her case.

E. Charge, fornication and adultery. Complaint by husband of woman defendant. Woman charged with adultery; man with fornication. Woman had been examined and found negative. Testimony was that defendants had left Chicago together and had cohabited for a week in Milwaukee until they were apprehended by the husband and Milwaukee police. Defendants dismissed, the court holding that the offense had been consummated outside of state, and was therefore not a violation of the Illinois laws.

F. Couple charged with fornication. Woman defendant a tiny Italian girl who appeared to be not more than fifteen, but who said she was nineteen. Man defendant a cripple who appeared in court on crutches. Girl defendant had been examined and found negative. Man defendant stated that he was employed at housework and was earning \$12 a week. Charge admitted by both. He offered to marry girl defendant. Complaint had been made by mother of girl who stated that defendants had been living together for several days and she further stated that she very much objected to their getting married. The court continued the case for a few minutes and sent defendants into his chambers to be interviewed by woman bailiff to ascertain whether or not woman defendant was normal mentally and also to examine into the social history of defendants. (Apparently the proximity of the Psychopathic Laboratory was forgotten for the moment!) She returned in a few minutes, stating that she believed the girl to be normal mentally and gave her approval of the marriage, whereupon the court directed the defendants to withdraw to his chambers and be married by a Methodist minister who was present in court, and to report back after the wedding. One of the court attachés was sent down to the marriage license clerk to secure a license. In a short time the defendants reported back to the court that they had been married and their case was dismissed.

G. Three cases were called in which the women defendants had been released by the Health Department on their own recognizance after examination, and before the laboratory reports had been received. Defendants not being present in court, capiases were issued for the rearrest of the women. No bench warrants or capiases were issued for the missing men defendants. A statement was made that "it was dangerous for diseased prostitutes to be at large." The officers who

made the complaint said that they believed that the women in question had left town.

A half dozen other cases were called in which laboratory reports of the women defendants had not yet been received, whereupon the cases were continued, generally for ten days or two weeks.

H. In several cases, one or more of the women defendants were reported to have a venereal disease, in which event the case was postponed for several weeks.

I. For other cases observed, see p. 13, this report.

PHYSICAL ASPECTS OF THE COURT

The Morals Court is located on the tenth floor of the Municipal Building. Two side corridors, usually thronged with men and women having a direct or indirect interest in the cases, or with mere loiterers, lead to the entrance. Lawyers, bondsmen, and their clients may be heard transacting business and, the nature of the court being well known, a girl leaving the court room has little difficulty in making a date in these corridors. A court worker said that on a certain day she saw one girl solicit five men and another three. All took out notebooks and entered the dates. One of the girls was heard to call out: "Say, guy, do you want something easy?" No attendant or guard is stationed at the door to determine whether or not those who entered had business there.

The door of the court-room opens upon a space about twenty feet in width separating the bench from the seats at the rear of the room. The latter are occupied by defendants on bail, lawyers, witnesses, relatives, friends, or any who may care to hear the proceedings. Directly off the far side of the court-room are two small rooms. One of these has a telephone for general use, the other, about the size of a hall-bedroom, is used as a waiting-room for the girls and women brought to court each day from the detention houses or the County Jail. Two windows make the room light and airy. It is furnished with a long table, a few chairs, and a water-cooler. Three agate cups for common use hang near the latter. Ten to twenty girls may be locked in here at one time. As there is no toilet connected with the room, the girls must rap on the door whenever they wish to use the public toilet

for women around the corner from the court corridor. The woman bailiff or policewoman then unlocks the waiting-room door and leads the girls out past the persons on the benches at the rear of the room and through the crowded corridors between the courtroom and the toilet. There she waits to conduct them all back to the waiting-room, where they are again locked in. Occasionally there has been a "break" for liberty, but no one has ever actually escaped.

The men's waiting-room is diagonally opposite that of the women—a small, inside room without windows. At one end there is a toilet.

At the judge's right is a jury box, although jury cases are not heard in this court. Usually the seats are occupied by any interested spectators desirous of a closer view of the proceedings. On one occasion three girls, after their cases had been continued, ascended into the jury box in order to witness some of the other trials.

COURT PERSONNEL

The personnel of the Morals Court is comprised as follows:

1. Judge, elected for six years and assigned to the Morals Court by the Chief Justice of the Municipal Court.
2. Assistant State's Attorney, appointed by the State's Attorney.
3. Assistant City Prosecutor, appointed by the City Prosecutor.
4. Two men and one woman clerk, appointed by the Chief Clerk of the Municipal Court. The men perform the usual duties of a court clerk. The woman deputy acts as secretary of the Social Service Department. She endeavors to keep a card record of each woman arraigned in the Morals Court. She exercises also a sort of supervision over certain girls assigned to her by the judge and she may call in outside agencies to help in this work.
5. Two men and one woman bailiff, appointed by the Chief Bailiff of the Municipal Court.
6. A policewoman and a woman police-investigator, appointed by the Chief of Police.
7. A woman probation officer, assigned by the Chief of the Adult Probation Department.
8. A woman physician and a man psychiatrist, appointed by the Chief Justice of the Municipal Court. The physician examines cases

referred to her by the Judge and treats hysteria or indisposition on the part of any woman detained in the court. A mental examination is given by the psychiatrist at the request of the Judge. Routine physical or mental examinations of all cases tried in this court are not made by these two officials.

9. A representative from the City Health Department, who reports to the court the results of the physical examination of women defendants.

SOCIAL SERVICE DEPARTMENT

In the fall of 1919 a Social Service Department was created in the Morals Court, under the control of the clerk of the Municipal Court. Mrs. Elizabeth M. Gardner was appointed secretary of this department by the clerk of the Municipal Court and is still serving. Her activities have been described under "Court Personnel," paragraph 4, p. 372, as well as in connection with the section on Records and Statistics, p. 401 ff.

It seems not unlikely that this department may have been an outgrowth of a discussion of "Social Service" by Judge Fisher in his report on the Morals Court,¹ especially in view of the fact that the establishment of such a department is one of his recommendations. He writes as follows:

I shall not attempt to name the numerous social service agencies entitled to credit for their unselfish labors in behalf of the unfortunate girls. These agencies work for the good they can accomplish and not for the credit they will get. But so important has their work become, that I am convinced that without their aid the court would in many cases be utterly helpless. The pity of it all is that a great community like ours should permit itself to accept aid, so absolutely necessary to the proper maintenance of its public institutions, from those who give it gratuitously, or from agencies supported by private contributions.

It was well enough for these private agencies to start the work, so as to demonstrate to the public its need and importance, but, that done, it becomes the duty of the community to assume the responsibility and relieve the private institutions to turn their attention to new fields of useful activity.

Can there be any reason why the city should be dependent upon any voluntary committee for information on vice conditions, or for the

¹ Tenth and Eleventh Annual Reports, Municipal Court of Chicago, 1915-1917, p. 91.

prosecution of serious offenders, or for the enforcement of the injunction and abatement laws, when the city is possessed of all the police and legal machinery necessary for the adequate performance of these important public functions? Yet without such voluntary help the work remains undone.

Or can any reason be assigned why the city should accept charitable contributions for the purpose of defraying the necessary expense of sending to her home some country girl who has suffered insult and degradation here? Still that is precisely what we are compelled to do in the Morals Court.

More than that, we are obliged to look to private agencies to take charge of girls in need of friendly guidance, to investigate cases for the court, to find employment for those in need of it. Even temporary shelter is not to be had for a girl unless it be provided by some charitable institution.

*This Court should have a unified social service department for all its special branches, sufficiently equipped to render all personal service desired by the courts, and competent to make proper records, compile and analyze them. These special courts furnish abundant material for study, and the city ought to have the benefit of it.*¹ The mere keeping of records results in little good, and often in harm. I stand firmly committed to the proposition that in cases where the charge is immoral conduct of a woman, all records of her case should be destroyed after the lapse of one year, unless she is in the mean time returned to the court. If our data were properly analyzed, and recorded, individual records with names could then be destroyed.

The value of a department such as Judge Fisher has outlined can be readily perceived. But where, as is the case, a department created presumably for these express purposes is practically ignored, defendants being assigned by the court first to one worker and then to another, all responsible to different departments of the Municipal Court and all burdened by other duties, it is apparent that only confusion can result. Certain essential facts (mostly unverified) in reference to each defendant are recorded. But as they are neither compiled nor analyzed, they afford no measure of achievement nor any basis for a social diagnosis.

¹ Italics ours.

DETENTION HOUSES

Prior to 1918 a woman arrested in Chicago was held in the nearest police station over night, being placed usually in the matron's quarters. In that year, however, three police stations, located in the northern, western, and southern sections of the city, respectively, were remodeled as places of detention for women. Arrested women now are taken to the police station in the precinct where the arrest is made, booked, and then transferred to the nearest detention house. In the case of women arrested for sex offenses, the charge is left open on the books in order that all may be detained for examination at the Iroquois Hospital on the following morning. This avoids violation of the police regulations requiring all charges to be booked when known within twenty-four hours and at the same time makes it legally possible to hold the woman without bail. The next morning a woman matron from the detention house accompanies the girls on the wagon to the Iroquois Hospital and thence to the court where (in the case of the Morals Court) the woman bailiff locks them in the waiting room.

Children (including boys under ten years of age) runaway girls, lost women, prostitutes, criminals, etc. are all held together in these three detention houses. As the women in each house are detained in one long room, serving as a dormitory, segregation is impossible. The matron said that one of the girls remarked: "What you don't know when you come in you know when you go out." Women arrested Saturday nights or before holidays are detained necessarily two or more nights in these houses. When a case is booked on an open charge, pending investigation, the girl may be detained as long as two weeks. The majority, however, spend but a single night here. Women whose cases are continued after their appearance in court and who do not furnish bail are detained in the County Jail with women serving sentence.

As the three detention houses are said to be practically alike only one was inspected—Detention House No. 201, in the north end of the city. Here the girls are detained on the second floor

in a long narrow room furnished with a double row of cots accommodating 25 or 30. In some small rooms to the side there are six basins with running water, one shower, and one toilet. Bed linen is changed only once a week regardless of the number of times the bed may change occupants. Two clean towels a day are furnished for common use. Individual cups, scalded each day by the "visiting" cook, hang in a somewhat jumbled mass near the water-cooler.

The girls are without occupation. They loll around on the beds at the far end of the room or sleep throughout the day. The girls frequently remark that they are glad of a chance to "rest up."

At one end of the room, near the door, are the matron's quarters—an office and a sitting room. Three matrons working in eight hour shifts are on duty. The one interviewed was formerly a trained nurse. A cook from the outside comes in and prepares meals for the girls on a two-burner gas range in the matron's office. The landing of an adjoining stairway serves as a scantily equipped kitchen and supply-room. The sanitary conditions were not of the best.

LAWNDALE HOSPITAL

This hospital, an old building in the outskirts of the city, was first used for the treatment of venereally diseased women in June, 1918. Not being fire-proof, the doors and windows are neither locked nor screened. Guards on constant duty are supposed to prevent escapes. During the first six months of the year there were about 25 escapes. It was said that most of the girls were brought back eventually. Frequently, however, they are not recovered until taken into court on a new charge.

There were 48 girls in the hospital on the day the institution was visited. Twelve of these were colored. During the first six months of the year the hospital cared for 274 women, all of whom came from the Morals Court, with two exceptions,—one colored girl who went there voluntarily and one white girl transferred from the Chicago Home for Girls. The colored girl was pregnant

as well as venereally diseased; and later she was to be sent to the County Hospital for confinement and then returned to Lawndale.

The hospital affords the girls no systematic instruction or occupation, aside from cleaning the dormitories and preparing meals. A number of girls were seen making throat swabs. No form of segregation exists.

When rendered non-infectious, the girl is returned to the Morals Court. Occasionally venereally diseased women sentenced to the House of Correction for larceny and other non-sex offenses, are still infectious at the expiration of their term. They are then transferred to Lawndale hospital for further treatment. These women, together with the few who enter the institution voluntarily, are discharged therefrom direct.

It was stated that there are six free clinics in Chicago for treatment of venereal diseases. A woman discharged from the hospital is given the address of the clinic nearest to her home in order that she may continue treatment until cured. No follow-up work is done, however, to see that the advice is followed.

PSYCHOPATHIC LABORATORY

A Psychopathic Laboratory was established as a part of the Municipal Court of Chicago on May 1, 1914. "Dr. William J. Hickson, an American doctor, surgeon, and neurologist who had been trained in the psychopathic and neurological clinics of Bleuler in Zurich, Kraepelin in Munich, and Ziehen in Berlin, was chosen by the chief justice as director."¹

Both the director of the Psychopathic Laboratory and the chief justice informed investigators that no routine mental examination is given to defendants appearing before the Morals Court. In fact, it was stated that only those who were believed by the judge or probation officer to be mentally deficient were sent to the laboratory.

The director of the laboratory informed us that he was not examining many morals court cases at the time of this survey, and that he had no new figures. He therefore referred us to his

¹ Eighth and Ninth Annual Reports, Municipal Court of Chicago, 1913-1915.

1917 report.¹ Page 17 of this report contains the following statement: "We now submit the combined statistics of cases examined . . . which embrace intensive individual, criminalistic, psychiatric, psychologic, neurologic, hereditary, anthropometric, and sociologic studies on 4486 cases, distributed as follows: Boys' Court, 2025; Domestic Relations, including Bastardy cases, 1275; *Morals Court*, 947; other criminal branches, 329. *A large proportion of the above were such clinically outspoken cases*² of defectiveness that our routine intensive and extensive examinations were unnecessary as far as reaching a diagnosis was concerned, but for statistical and research purposes, as well as on the grounds of thoroughness, we carried out the same systematic individualistic, intensive, and extensive studies on all, thus embracing both individualistic and general aims."

Dr. Hickson has the following to say about methods of approach.³

There are two methods of approach to mental diseases, the clinical and the psychological. In English-speaking countries the clinical method of approach dominates; on the continent the psychological method dominates. Both groups also rely on more or less extended periods of observation of their cases. This is true of cases of suspected feeble-mindedness as well as the psychoses.

In the feeble-minded field, Binet and Simon advanced the psychological procedure immeasurably when they contributed their positive, direct method of testing, thus doing away with the observation and field work system. They took psychological tests already in use in this field, worked up others, and combined these into definite, working, evaluated schemes which permitted securing a very definite evaluation of certain mental factors of cases within an hour, thus taking the tests directly to the case.

We have attempted to do the same for the psychoses and feel that this method will be as successful with them as it has turned out to be with the feeble-minded, and it will be only a question of time until the profession would as soon think of committing a case of mental disease

¹ Report of Psychopathic Laboratory of the Municipal Court of Chicago, 1914-1917.

² The italics are ours.

³ Report of Psychopathic Laboratory of the Municipal Court of Chicago, 1914-1917, pp. 28-29.

to an observation hospital for days and weeks for diagnosis or differential diagnostic purposes as they would think of carrying on such a procedure with a case of scarlet fever or pneumonia, even though today some of our critics say it takes them weeks and even months to make a diagnosis of mental disease. That some of them, however, many of whom have little or no medical or psychiatric training, ever make a diagnosis is quite remarkable.

Cases of feeble-mindedness and psychopathy run true to form, and it is only necessary to analyze and know the kind and degree of defect to evaluate their past, present, and future behavior.

Just as Binet and Simon relied on tests that were already in use and combined these with others of their own which they worked up into groupings with a definite purpose, so we, too, have relied on many tests already in use in the psychiatric clinics and worked up others of our own, based on well-established existing principles, which enable us to get definite analyses of certain psychopathic and intelligence defects and their degrees, *thus enabling us to reach a diagnosis within an hour and allowing us not only to predict with practical approximation the future behavior of such cases, but also to know what their past has been like, and also the antecedent and ascendant hereditary possibilities.* As an example, we know that the average reckless gunman is a boy about the age of 19, with an intelligence level between 10.5 and 12.0 years, plus dementia praecox, etc.

This positive, direct method of mental diagnosis will revolutionize court procedure along these lines. It will add an important element of concreteness to the hypothetical question. The question will be put in some such form as this, "Given a man with such and such a mental make-up, under such and such conditions, what would happen?"

A finger-print system would seem an almost indispensable adjunct to the Morals Court, for the purpose of bringing to the attention of the judge the recidivists if the following statement of Dr. Hickson is true:¹

In the matter of recidivism, the Morals Court cases take the lead over all others, which is quite natural since the majority of these girls are too feeble-minded or psychopathic to make a living legitimately, and they must ply their trade more or less in the open, while the boy delinquents, from the nature of their crimes, work surreptitiously.

¹ Report of Psychopathic Laboratory of the Municipal Court of Chicago, 1914-1917, p. 92.

However, if this means of livelihood is taken away from them and none other provided, they will have to resort to other means, such as larceny, burglary, and the like. These girls are much greater prevaricators than the boys; in fact, there is no truth in them.

There are very few of the girls coming into the Morals Court who are actually first offenders. They have already begun their careers in their juvenile years. They show the same difficulties in school and environmental conflict, according to their nature, that the boys do. Parents come to court with their girls, and make the same complaints of incorrigibility that they do in the Boys Court with their sons. We are often asked as to why these girls appear so much younger than their years. This is no doubt due to the mental immaturity of such a high percentage of them. To the saying "every line a thought," we might add, "no thoughts, no lines." The masked faces of many of the *praecox* cases may also play a rôle here.

Again on page 96 he has the following to say:

It should be constantly borne in mind that we have no direct means of compiling number of arrests of Morals Court cases; but we know from experience that they are practically all repeated offenders,¹ and practically none are first offenders. They show a much higher percentage of recidivism because they have to ply their calling more or less openly, as compared with the burglar, hold-up man, etc. Their returns are smaller, and they receive shorter sentences.

Dr. Hickson closes his report on the Morals Court cases with the following statement:²

Almost every means of an objective nature that could be speculated upon has been used for the suppression of vice; in later years such things, for instance, as imprisonment, fines, reformation, probation, parole, religion, big-sister movement, and all to no avail, no impression being made at all by any or all of these methods. Any well-regulated business would have long ago discarded such fruitless methods and struck out in new fields or in new ways after so much experimentation had been found wanting. Practically all thinking people who are interested in

¹ In this connection it may be interesting to examine Table 11 showing disposition in the Morals Court of 100 women arraigned, January 1 to June 30, 1920, who were known to have had two or more previous convictions.

² Report of Psychopathic Laboratory of the Municipal Court of Chicago, 1914-1917, p. 106.

such public questions are growing impatient if not disgusted with the persistence any further along these lines.

The people attacking this problem should now realize, after their other unscientific methods have failed so ignominiously, that there is only one way to get at the root of any of these problems, and therefore the cure, which is going at it through scientific means and methods. The work of the Psychopathic Laboratory discloses the fact that a very high percentage of these girls are so mentally defective or psychopathic that there is no legitimate way open to them for making a living. This is an illustration of what scientific means can do for the elucidation of such problems. The final solution will require a thorough study of sex physiology, sex psychology, the relation of psychoses, neuroses, and alcoholic debauches, etc., to sex starvation, feeble-mindedness, dementia praecox, manic-depressive insanity especially; also of the sex instinct, which is the most primal instinct of all. We will have to have the assistance of the physician, the neurologist, the psychiatrist, the sociologist, the statesman, etc., to help us.

We have noticed that as soon as any town within the radius of a couple of hundred miles or so of Chicago closes up its red-light district the girls begin to turn up in Chicago within a few days, showing that in closing up these districts we only spread these girls out over other parts of the same city or in other cities. Upon hearing this a man said, "Let us close these districts all down at once all over the country." First, this would be impracticable; second, these girls would go round clandestinely; and third, a large number of them would be driven into other crimes, such as thieving, confidence games, shop-lifting, etc., for the large majority of them are feeble-minded, and psychopathic to such a degree that they cannot make a living.¹ Our problem will not be confined to the lower classes alone, for the sex instinct and the sex instinct on a psychotic basis manifests itself in all classes and in all walks of life.

There is no doubt that a routine mental examination of all sex delinquents would be invaluable, first to guide the judge in the kind of sentence to be imposed, and second, to guide the probation officer in the character of supervision given. Inasmuch as

¹ The investigators are unable to discover evidence to support this conclusion. It will be noted that Dr. Hickson states that he has not conducted a routine examination, even of Morals Court cases, that the large majority of his cases are obviously so deficient mentally, that it is apparent to a layman, viz., the judge. We know of no psychiatric or psychologic study that has been made of a true cross-section of all women following the occupation of prostitution. The need for such a study is apparent.

a routine test is not given at Chicago, it would seem that the psychopathic laboratory is of little value to the Morals Court, except perhaps for statistical purposes. Since most of the cases sent to it are so feeble-minded or insane as to be obvious to the judge, we fail to see what is gained by not sending such cases directly to a commission to pass on their mentality, for they must go to a commission eventually, even after examination by the laboratory, before they may be committed to an institution, either for the feeble-minded or the insane. Dr. Hickson's report, however, convinces us of the value and need of a routine examination.

PROBATION

The Adult Probation Department serves all branches of the Municipal Court in which adults are tried.

Appointment of probation officers. Under the Illinois Statutes,

The circuit court of each of the several counties in this state may appoint a probation officer to act as such for and throughout the county in which he shall be appointed. The circuit court of any county may appoint such number of additional probation officers for such county as the court may deem to be necessary or advisable: *provided*, the number of probation officers to be appointed for any county shall in no event exceed one for every fifty thousand inhabitants or fraction thereof. . . .

In any city in this state having a population of seventy-five thousand or less inhabitants, as determined by the last preceding school census in which there has been or may hereafter be established a municipal or city court, such municipal or city court may appoint one probation officer for such municipal or city court in addition to those hereinbefore provided for. The other probation officers to which any county may be entitled as aforesaid, shall be equally apportioned between the county and the several cities, if any therein, that severally have a population of more than seventy-five thousand inhabitants.

Such probation officers so apportioned to such county shall be appointed by the circuit court of said county, and such probation officers so apportioned to such cities shall be appointed by the municipal or city courts in said several cities. The judges of the circuit court of any county and of the municipal or city courts therein established for cities having a population of more than fifty thousand inhabitants, shall meet as a unit body at such times as they deem proper, and at any such meeting may appoint a chief probation officer to act as such over all the probation officers appointed by any of said courts.

The Chief Probation Officer of the Adult Probation Department states in regard to this section:

The law as construed by the courts here gives the Municipal Court of Chicago, which is a city court having only jurisdiction within the city, the right to appoint all necessary probation officers and also our Circuit

and Superior Courts the right to appoint a certain number of officers too.

We have construed the law so that the Municipal Court appoints one-half the officers and the Circuit and Superior Courts, jointly, the other half, and all three courts, the Chief.

The law creating the Municipal Court empowers that court to appoint probation officers as needed, to serve without pay.

Term of office and removal. "Said probation officers shall serve as such from the date of their appointment, shall be subject to the orders of the court appointing them, and removable in the discretion thereof by an order duly entered of record . . ."¹

Special provisions are made for cities having a population between fifty and seventy-five thousand. The sections quoted, however, apply to Chicago.

Eligible for probation. Section 2 of the Adult Probation Laws provides as follows:

Any defendant, not previously convicted of a crime, greater than a misdemeanor, petit larceny and embezzlement excepted, who has entered a plea of guilty or has been found guilty by the verdict of a jury or by the finding of a court of violation of a municipal ordinance or of any criminal offense except murder, manslaughter, rape, kidnapping, willful and corrupt perjury or subordination of perjury, arson, larceny and embezzlement where the amount taken or converted exceeds two hundred dollars (\$200) in value, incest, burglary of an inhabited dwelling house, conspiracy in any form or any of the acts made an offense under the election laws of this State, may, in the discretion of the judge hearing the case, after entry of judgment, and nothing remains to be done by the court except to pronounce sentence, be admitted to probation according to the provisions of this Act. . . .

Requirements for admission to probation.

Sec. 3. Before granting any request for admission to probation, the court shall require the probation officer to investigate accurately and promptly, the case of the defendant making such request, to ascertain his residence and occupation and whether or not he has been previously convicted of a crime or misdemeanor, or previously been placed on probation by any court; and the court may, in its discretion, require the probation officer to secure in addition, information concerning the personal characteristics, habits and associations of such defendant; the names, relationship, ages and conditions of those dependent upon him for support and education and such other facts as may aid the court as well in determining the propriety of probation, as in fixing the conditions thereof. . . .

¹ Illinois Adult Probation Laws in force July 1, 1915, Sec. 9. Published by Adult Probation Department, Court House, Chicago, Ill.

Period of probation. If application for release of defendant on probation is granted, "the judge granting the same shall thereupon enter an order continuing the case for a period not exceeding six months in case of violation of a municipal ordinance and not exceeding one year in the case of other offenses and shall by such order fix and specify the terms and conditions of the probation of such defendant as herein provided."

Conditions of probation.

Sec. 4. Release on probation shall be upon the following conditions:

(1) That the probationer shall not, during the term of his probation, violate any criminal law of the State of Illinois, or any ordinance of any municipality of the said State.

(2) That if convicted of a felony or misdemeanor, he shall not, during the term of his probation, leave the State without the consent of the Court which granted his application for probation.

(3) That he shall make a report once a month, or *as often as the court may direct*, of his whereabouts, conduct and employment, and furnish such other information relating to the conditions of his probation, as may from time to time be required by rule or order of court, to the probation officer under whose charge he has been placed, and shall appear in person before the court at such time as the court may direct or the rule of the court provide.

(4) That he shall enter into a bond or recognizance in such sum as the court may direct, with or without sureties, to perform the conditions imposed, which shall run to the People of the State of Illinois and may be sued on by any person thereunto authorized by the court for the use of the parties in interest as the same may appear.

And the court may impose any one or more of the following conditions:

(1) That he shall make restitution, or *reparation*, in whole or in part, immediately or within the period of probation to the person or persons injured or defrauded.

(2) That he shall make contribution from his earnings for the support of those dependent upon him, subject to the supervision of the court.

(3) That he shall pay any fine assessed against him as well as the costs of the proceedings, in such installments as the court may direct during the continuance of the probation period.¹

Sec. 5. The court shall have discretionary power to remit such costs as may be imposed, or any portion thereof.

¹ The Chief Probation officer remarks in the Fourth Annual Report of the Adult Probation Department of Cook County, Illinois, (Oct. 1, 1914—Sept. 30, 1915), in relation to this provision: "When a defendant was convicted of an offense and a fine entered against him, and he was unable to pay, he was sent to the House of Correction to work it out at fifty cents or a dollar a day, while his family, in many instances, was compelled to seek charity for their support. Under paragraph three of section four of the new law, the Court has the power to admit the offender to probation and allow him to pay such fine in installments during the continuance of the probation period."

Upon violation by the probationer of any of the conditions of probation, the same may be revoked and terminated and warrant issued for the arrest of the probationer.

Section 7 provides that,

Upon the termination of the probation period, the probation officer shall report to the court the conduct of the probationer during the period of his probation,¹ and the court may thereupon discharge the probationer from further supervision, or extend the probation period not to exceed six months in cases of a violation of the municipal ordinance and not to exceed one year in other offenses

Information furnished by the Department in its annual reports is more general than specific. Its Fourth Annual Report covering October 1, 1914 to September 30, 1915, contains only three tables giving statistics of sex offenses. These tables show respectively: "Number of Persons admitted to Probation for the Different Offenses during the Year," "Warrants issued from January 1, 1915 to October 1, 1915," and a third table without title or date, showing record and offenses of discharged probationers. Although the figures given in these tables relate to all classes of offense, only those pertaining to sex offenses are instanced below, except that for purposes of comparison the totals for all offenses are given. It will be noted that the tables bear little relation to one another, the probationers having been admitted to probation (probably) in the year of the report, whereas only a portion of those discharged had been admitted during the same year.

Table Showing the Number of Persons Admitted to Probation for the Different Offenses During the Year

(Possibly October 1, 1914 to September 30, 1915)²

Disorderly conduct ³	847	Soliciting.....	15
Fornication.....	40	Patrons, disorderly house.....	26
Adultery.....	35	Keepers, disorderly house.....	1
Pandering.....	4	Inmates, disorderly house.....	4
<hr/>			
Total (sex offenses).....			972
Total (all offenses).....			3629

¹ See tables on pp. 386, 387, 388, 392 and Table 13 in the Appendix.

² Fourth Annual Report of Adult Probation Department of Cook County, Ill., from October 1, 1914 to September 30, 1915. Sex offenses only are cited

³ Not limited to sex offenses.

Warrants issued from January 1, 1915, to October 1, 1915¹

Violation Section 2012 (disorderly conduct) ²	67	Violation Section 2019 (Persons connected with nuisance).....	4
Fornication.....	2	Adultery.....	1
Pandering.....	1	Violation Section 2018.....	1
		(Soliciting for prostitution)	
Total (sex offenses).....			76
Total (all offenses).....			526

Table (without title or date)
(Possibly October 1, 1914 to September 30, 1915)¹

	Disor- derly conduct ²	Adul- tery	Solicit- ing	Inmates, disord. house	Patrons, disord. house	Fornica- tion	Pander- ing
Improved.....	850	44	65	29	8	37	1
Unimproved.....	228	9	74	23	9	13	1
In Pontiac or Peniten- tiary.....	2	.....	.....	.....	.....	.....	.....
In House of Correction for violating proba- tion.....	25	1	3	10	.....	2	.....
In House of Correction for another offense..	.....	1	.....	.....	.....	.....	.....
Died.....	1	1	.....	.....	.....	.....	.....
Totals.....	1106	56	142	62	17	52	2

Total (sex offenses) 1437
Total (all offenses) 4551

¹ Fourth Annual Report of Adult Probation Department of Cook County, Ill., from October 1, 1914 to September 30, 1915. Sex offenses only are cited.
² Not limited to sex offenses.

In comparing the number of types of cases admitted to proba-
tion during the year under discussion (presumably October 1,
1914 to September 30, 1915) with the year preceding, the Chief
Probation Officer remarks:

On the basis of the number of cases probationed for the whole year,
burglary, receiving stolen property, obtaining money by false pretenses
and violation of city ordinances, all show a large percentage of increase.
Those offenses showing a decrease are: Contributing to dependency,
contributing to delinquency, abandonment, soliciting, inmates of dis-
orderly house, keeping a disorderly house, vagrancy, carrying concealed

weapons, robbery and embezzlement. The first three offenses show a very large decrease and the last two a small decrease.

In view of these facts, it would seem that the Judges have been putting a much larger number of people on probation for offenses involving moral turpitude than for offenses related to the social evil. The natural inference would be that the Judges believe there is more chance of reforming persons convicted of larceny, burglary, receiving stolen property, and violation of city ordinances, than there is to mend the conduct of defendants in cases involving domestic infelicity or sex offenses.

The Fifth Annual Report, October 1, 1915 to September 30, 1916, contains no record of those admitted to probation during the year. The two tables which follow were taken from this report and show respectively, the record of probationers discharged, tabulated according to offense, and a similar record in regard to women only. The former table relates apparently to men and women. In these tables also, with the exception of totals for all offenses, only those figures which relate to sex offenses are presented.

Record of Probationers Discharged, Tabulated According to Offense
(Possibly October 1, 1915 to September 30, 1916)¹

	Disor- derly con- duct ²	Adul- tery	Solicit- ing	Inmates, d sord. house	Patrons, disord. house	Fornica- tion	Pander- ing
Satisfactory.....	480	30	12	31	.....	34	4
Doubtful.....	48	.....	3	3	.....	3	.....
Unsatisfactory.....	112	3	7	7	.....	5	.....
In House of Correction for violation.....	21	.....	2	3	.....	.....	.....
Died.....	1	.....	.....	.....	.....	.....	.....
Totals.....	662	33	24	44	.....	42	4

Total (sex offenses) 809

Total (all offenses) 3197

¹ Fifth Annual Report of Adult Probation Department of Cook County, Ill., from October 1, 1915 to September 30, 1916. Sex offenses only are cited.

² Not limited to sex offenses.

The following table gives the results of cases of *women* discharged from probation during the *present year*, (possibly October 1, 1915 to September 30, 1916) showing the number of those discharged as satisfactory, doubtful, unsatisfactory or in the House of Correction, for violation of probation or another offense committed, tabulated according to offenses.¹

	Disor- derly conduct ²	Adultery	Soliciting	Inmates and pa- trons of disorder- ly house	Fornica- tion	Pander- ing
Satisfactory.....	40	11	7	21	13	1
Doubtful.....	7	1	2	.....	.....	.....
Unsatisfactory.....	18	2	6	9	2	.....
In House of Correction (One in County Jail).	6	.....	2	4	.....	.....
Totals.....	71	14	17	34	15	1

Total (sex offenses) 152

Total (all offenses) 372

The Fifth Annual Report furnishes also a special study of twenty-five Morals Court women:

Twenty-Five Morals Court Cases¹

Heretofore we have stated that we didn't believe a girl should be admitted to probation from the Morals Court unless she particularly requested it. Our reason for that was because the expression of a desire to get the benefits of probation is an indication that she wishes to try and do better and does not fear supervision by the department.

As a rule, these girls dislike probation because it means that they will be followed up and the officer often finds that they are still in the same business. They hide from the officer so that it is impossible to help them get work in an honest employment. Besides that, they know that if they are brought into court for a violation of their probation,

¹ Fifth Annual Report of Adult Probation Department of Cook County, Ill., from October 1, 1915 to September 30, 1916. Sex offenses only are cited.

² Not limited to sex offenses.

there is no chance for a jury trial with all the sentimental sympathy of that body. And the Judge may send them to the House of Correction for the original offense, without another trial.

If a girl is put on probation whether she wishes to or not, or if she is put on probation just to avoid payment of a fine, the effect is anything but good.

In all these cases, there should be a thorough investigation of the defendant made by a competent officer before probation and then if in the judgment of the Court there is a chance to improve her conduct, the Judge can with some prospect of benefit to the community, put the girl on probation.

We are giving here the results of an investigation of twenty-five Morals Court cases discharged from supervision by the department more than a year ago.¹ These cases, like those of the Boys', Criminal and Domestic Relations Courts, are taken at random from our discharge files and a competent officer sent to look them up and report the result of her investigation.

The results given here to a person of little experience, appear to be startling. Yet when you take into consideration that there was no investigation prior to probation in any of these cases, it is not to be wondered at. If any investigation was made at all, it was only such as could be made by talking to the defendant and her friends at the time they were in court.

In fifteen of these cases, the officer has been unable to trace them.

Ten of the above fifteen cases we never were able to find *while on probation* because they gave false names and addresses.

In three, the relatives were found, but not the girl.

In three others, the friends of the girl say they believe her to have been married since she was on probation but could not tell us her married name or address or give us any clue by which we might locate her.

One woman has since served a sentence in the House of Good Shepherd for another offense, while her husband was in jail for pandering.

One reported to have been married but has lately left her husband and neither her mother nor her husband know where she is.

Another one reported married and gone to Pittsburgh.

One is dead.

In none of the twenty-five cases were we able to interview the girl, and the information obtained was from others. All of which confirms our judgment that it is absolutely necessary in *Morals Court probation*

¹ They probably mean twenty-five reported back to the court the year before.

cases that a thorough investigation be made by a probation officer prior to probation, and that the defendant herself express a desire to be admitted to probation.

Since these cases were admitted to probation, a different system prevails and very few, if any, from the Morals Court are admitted to probation without a preliminary investigation.

The chief probation officer, in his Sixth Annual Report, October 1, 1916 to September 30, 1917, continues to emphasize the importance of an investigation in each case prior to probation, to ascertain the following facts about the probationer: (1) Residence; (2) Home surroundings; (3) Work record; (4) Criminal record, if any.

To further demonstrate the importance of this stipulation, a study was made of 2730 cases of men and women from all courts served (with the exception of the Domestic Relations Court), showing the number investigated prior to probation and the number not so investigated. The result revealed that:

The total number of investigated cases shows only 12 per cent discharged unsatisfactory, but those not investigated show 27 per cent unsatisfactory.

The previous year's study of 25 cases from the Morals Court would indicate that a far higher percentage of cases not investigated would appear as "unsatisfactory." In regard to the term "unsatisfactory," the report goes on to state:

Some persons have misunderstood our statistics, in that they have assumed that all the cases discharged as "unsatisfactory" are those having again violated the law. That is not true. Listed under that head are those who have committed another offense and have been punished—those who have failed to pay the full amount of their restitution—those having left the state without permission, and those having moved without leaving any trace, those having committed slight infractions of the law and been brought in by the officer, were discharged.

Again in the Seventh Annual Report (October 1, 1917, to September 30, 1918, the latest one available at the time of our investigation) the Chief Probation Officer finds it necessary to stress the importance of prior investigation:

In quite a number of cases the defendants failed to give their correct address and the probation officer is never able to locate them. This con-

dition appeared in so many cases that it became necessary for the Department to have one man for the purpose of finding lost cases and cases of which we have never had the correct address. If the defendant is not found, the Department is powerless to supervise him and so far as any good results are concerned, he might just as well be discharged.

I am aware that the courts usually want to dispose of these cases at once and do not like to continue them too long to gather this information, but it is much better to take a little time to do the work well than to make a mistake and turn loose on the community people who should be sent to penal institutions.

A number of persons have been admitted to probation whose mentality is such that they are not responsible to God or man for their actions. Such cases are impossible and should never be placed on probation. There are some cases, however, that might be termed "borderline" cases which can be handled with fair results by the Department.

This report furnishes tables showing the number of men and women, respectively, admitted to probation, and the record of women discharged. With the exception of totals for all offenses, the figures selected are for sex offenses only.

Table Showing Number of Men Admitted to Probation for Different Offenses During the Year
(Possibly October 1, 1917 to September 30, 1918)¹

Disorderly conduct ²	510	Adultery.....	14
Keepers disorderly house.....	4	Fornication.....	23
Inmates disorderly house.....	9	Soliciting.....	2
		Total (sex offenses)	562
		Total (all offenses)	3284

Table Showing the Number of Women Admitted to Probation for Different Offenses During the Year
(Possibly October 1, 1917 to September 30, 1918)¹

Disorderly conduct ²	128	Patrons, disorderly house.....	4
Fornication.....	22	Keepers disorderly house.....	10
Soliciting.....	27	Inmates disorderly house.....	24
Adultery.....	29		
		Total (sex offenses).....	244
		Total (all offenses).....	638

¹ Seventh Annual Report of Adult Probation Department of Cook County, Ill., from October 1, 1917 to September 30, 1918. Sex offenses only are cited.
² Not limited to sex offenses.

The following table gives the results of cases of women discharged from probation during the present year (possibly October 1, 1917 to September 30, 1918), showing the number of those discharged—satisfactory, doubtful, unsatisfactory; those in the House of Correction of Geneva for violation of probation or a second offense committed, or died—tabulated according to offenses.”¹

Table Showing Probation Results in Cases of Women Discharged as Shown by Records in the Adult Probation Department

Offense	Satisfac- tory	Doubtful	Unsatis- factory	House of Correc- tion	Geneva
Adultery.....	19	.....	5	.....	.....
Fornication.....	19	1	7	2	1
Inmates disorderly house.....	81	5	72	3	.....
Soliciting.....	8	.....	4	.....	.....
Totals.....	127	6	88	5	1

Total (sex offenses) 227

Total (all offenses) 651

In respect to placing girls on probation without preliminary investigation, the Chief Probation Officer stated to investigator that there had been no change of policy. He said that certain girls are interviewed by one or more of the women officials of the court—all of whom accept the girls' uncorroborated story, not even verifying the address. One of these officials observed, "I always know when a girl is telling the truth." In a table furnished by the Probation Department concerning 16 men and 59 women on probation during the first six months of 1920, it is shown that the statements of six men and eight women were verified prior to their being placed on probation.

Although a woman probation officer is assigned to the Morals Court, she is seldom called upon to investigate cases, so does not

¹ Seventh Annual Report of Adult Probation Department of Cook County, Ill., from October 1, 1917 to September 30, 1918. Sex offenses only are cited.

remain continuously in the court. It still is no uncommon occurrence to find that the girl does not live at the address given. When a case is placed on probation the practice is to have the probation officer assigned to that court make out a history sheet "from information obtained from the clerk of the court, from the probationer, and from the Judge," to quote the chief probation officer.

A statement of the girl's physical and mental condition can be obtained from the Iroquois Hospital, the Psychopathic Laboratory or the court physician, upon request. When the history sheet is completed, it is presented to the Adult Probation Department which then assigns the girl to the woman probation officer in charge of the district where she claims to reside. This officer calls upon the girl once or twice a month, as it seems advisable, and the girl must report in person to this officer on a certain day each month, at the Adult Probation Department.

This Department is strongly opposed to the practice of continuing cases for a few weeks under the supervision of women officials of the court. No preliminary investigation is made and the women—confined by their regular court duties—can for the most part exercise very little real supervision over the girl. Furthermore, there is absence of any uniform or constructive policy in dealing with the girls. This is more readily apparent when one recalls the divided authority under which the women court officials operate. If at the end of the specified time the girl has "made good," the judge discharges her without pronouncing sentence. The case is entered on the docket, "discharged." It was impossible to learn how many girls had received this quasi type of suspended sentence as only one of the women officials keeps a record of girls placed in her care.

During the first six months of the year, 18 men and 69 women were placed on probation from the Morals Court (see Table 1 in the appendix) and one man and three women of those transferred from Morals Court to the Jury Branch (see Table 6 in the appendix). Of 100 women who were known to have had two previous arrests, fourteen were placed on probation; of those who were known to have had three previous arrests, seven were placed

on probation; and of those who were known to have had five or more previous arrests, two were placed on probation (see Table 11 in the appendix). The apparent discrepancy existing between the number of eighteen women given above and the total of twenty-three given in Table 11 is doubtless due to the impossibility of making a perfect check on recidivists in the absence of a fingerprint system.

Judge Harry M. Fisher, who presided in the Morals Court for six consecutive months, 1916-1917, expresses what is alleged to be the general attitude among the judges regarding probation for sex offenders. In a review of the Morals Court in which he makes certain recommendations, he writes:

Can the benefits of the probation law be applied to defendants in the Morals Court with any degree of success? This question, unfortunately, must be answered in the negative. As stated before, three classes of offenders are brought before the court—the casual offender, the professional prostitute, and the keepers and panders.

As to those of the first class, probation is unquestionably advisable. If a girl is charged with her first offense, and her case appears hopeful to the court, the only sensible and effective thing to do is to give her a full and complete chance. She should be permitted to leave the court without any record, without further attachment to the court, without the need of reporting, or the danger of having an officer visit her home or place of employment. In that way alone she can forget her humiliation and the ordeal in connection with her arrest and trial. Moreover, there are always present those in the community whose business it seems to be to drive as many girls upon the street as they possibly can. The girl placed on probation in the Morals Court is in grave danger of having some one of these report the fact to her employer or her co-employees.

With reference to the second class, experience has taught us that probation has no restraining influence whatsoever. The object of the probation law is to place the offender on good behavior for a period of time. But since the offense is committed to obtain a livelihood, merely to place the girl on probation without finding means of support satisfactory to her is very clearly no remedy, and, in practice, has proved to be worse than useless. The only time the professional prostitute quits that life is when she sickens of it or when she gets married, which is the case of an astonishingly large number. But probation not only fails as a remedy, but often does real mischief. Many girls who have been placed

on probation have been known to complain that some unscrupulous and vicious individual used that as an instrument for extortion. The argument used to intimidate her is that, now being on probation, if brought back to court she would not be entitled to a trial by jury, nor to a change of venue from the judge who in the first instance found her guilty, and, having a previous record, it would unquestionably mean a jail sentence. Instances were reported where such girls sold jewelry or their valuable clothes to raise money to pay tribute to their persecutors.

The third class is never entitled to probation.

In isolated cases of weak-minded girls, who can keep up their spirits when constantly reinforced by a kind, sensible and encouraging probation officer, probation might be advisable, but these cases are rare.

The probation law, however, has a distinct value, even to the Morals Court. Under the provisions of the law, the court is empowered to investigate into the social condition of the defendant before judgment is entered. To this expedient the court should resort in every case where it might be of value. Under the strict rules of procedure and evidence, the court may not listen to anything except evidence adduced in open court by witnesses sworn to testify, but, after that hearing is concluded, the court may, under the probation law, have a proper investigation made. That investigation might prove that probation is inadvisable. But the court would, nevertheless, be placed in possession of facts, without which a proper judgment could not be arrived at.¹

Table 13, in the Appendix, shows the status of 75 persons placed upon probation during the first six months of 1920. From the docket of the Morals Court and the Jury Branch of the Municipal Court, the names of 88 persons placed upon probation by these two courts were secured and sent to the Adult Probation Department for information. No reason was given for failure to supply information in regard to the other thirteen cases.

The data which follows relates also to the 75 probationers about whom information was secured, and shows whether probationer's story had been verified before trial, whether after being placed upon probation the probationer was found at the address given

¹ Tenth and Eleventh Annual Reports, Municipal Court of Chicago, 1915-1917

and whether the probationer had been arrested on a new charge during the period of probation.

	Was Story Verified Before Trial?		Was Correct Ad- dress Given?		In Court Again on a New Offense While on Probation	
	Yes	No	Yes	No	Yes	No
Men.....	6	10	15	1	1	15
Women.....	8	51	49	10	5	54
Total.....	14	61	64	11	6	69

HOUSE OF CORRECTION

The House of Correction, or Bridewell, as it is commonly called, is located a few blocks northwest of the Stockyards. The woman's department is housed in a twelve-year-old building. This is the only institution to which delinquent women in Chicago over eighteen years of age may be committed. (A bill for a state farm was passed by the Legislature but no appropriation made.) Under the Illinois Statutes of 1917, Ch. 67, Sec. 12, provision is made for the establishment of a "House of Shelter" in connection with the House of Correction, "for the more complete reformation and education of females." By this act any institution may be designated a "house of shelter" and the judge may recommend that the Superintendent of the House of Correction transfer a convicted woman to a designated private correctional institution. Also, the Superintendent of the House of Correction may in his discretion make transfers to other institutions. Of the private institutions receiving delinquent women in the manner described, the House of the Good Shepherd, established "for the reformation and protection of delinquent white girls and women between the ages of ten and fifty," stands foremost. It has a capacity of 500. The cell block at Bridewell is comprised of 198 outside cells arranged in three tiers. Each cell contains a single bed and has running cold water and a toilet.

Sex offenders may be committed to the House of Correction for the following violations of state laws: Adultery, fornication,

pandering, or, under the Kate Adams law, for soliciting or being an inmate of a house of ill-fame. No commitment penalty attaches to violations of city ordinances relating to sex offenses. If a person fined under these ordinances fails to pay the fine imposed she works it out in the House of Correction at the rate of fifty cents a day. Unpaid fines imposed for violation of state laws are worked out at the rate of \$1.50 per day.

During the first six months of this year, 118 women were received at Bridewell—a few on straight sentence, but by far the larger number for not paying their fine. On the day the institution was visited, the count was twenty-one,—eighteen white and three colored. Prior to the last two years they frequently had up to 280 women.

Younger offenders are not separated from the older group nor are the colored women segregated from the white except in the shower-rooms, where they are not permitted to bathe at the same time. This room contains six showers placed in small compartments from which the shutters have been removed because the women had been found to engage in degenerate practices. A matron is stationed in the room while each group bathes.

Laundry work, cleaning, and sewing constitute the main activities. A few girls cook and wait on the table for the matrons, nurses, and doctors. The cooking for the women prisoners is done entirely by the men. About ninety women can work in the laundry at one time. Formerly there were enough inmates to do the necessary laundry work for police stations and other city institutions as well as for Bridewell. In those years about eighty women were occupied in the sewing room, where all the garments worn by the women as well as night and top shirts for the men were made on electrically-run machines. The men's mending was also done by the women. Now, however, there are not enough women to do the necessary laundry work and the sewing room is no longer used. The six women who were scrubbing and cleaning the central enclosure under the supervision of a matron on the day the institution was visited had been withdrawn from the laundry. The head matron pointed out the difficulty of attempting any kind of instruction or training with such a shifting

population, especially in the case of girls working out their fines, as these may be taken away the moment someone pays the balance.

The head matron stated the following to be the daily routine of the women:

- 6:30 Rising bell; all wash, dress and clean their own cells.
- 7:30 Breakfast; all proceed to dining room where they sit in rows at long benches under supervision. Conversation is prohibited. After breakfast the girls commence their duties. Two work in the office and do mending for inmates. One cooks and another waits on table for the staff. The others proceed to the laundry or do necessary cleaning.
- 11:30 Dinner.
- 12- 1:00 Recreation. (Women sent to small enclosure outdoors where they walk up and down or play ball.)
- 1- 4:30 Work in laundry.
- 4:30 Supper.
- 5- 7:30 On recreation grounds.

The institution is open every day to visitors but each girl may receive only one visitor in thirty days. Former inmates may not visit the prisoners.

Until the first of this year a representative of the Department of Public Welfare called every day to see if girls leaving the institution were in need of clothing, money or aid of any kind. This year, however, no appropriation was made for the Department, so this oversight is no longer possible. The institution does not coöperate with any private agencies in relief work, follow-up or after-care for discharged persons.

COOK COUNTY JAIL

Women in the County Jail may be serving sentence or awaiting trial. The three detention houses for women, as stated, seldom keep them more than one night. After the girl has been examined, if her case is adjourned and she fails to make bail or is not sent to Lawndale Hospital for treatment, she is transferred to the County Jail, where she mixes with the persons imprisoned there for all kinds of violations of statutes and ordinances, the jail making no provision for segregation. The matron stated that the girls were detained sometimes as long as four or five months. The women's section has accommodations for 54 inmates. Twenty-

five were there the day the jail was visited. It was said to be seldom necessary to place more than one girl in a cell. Linen is changed regularly and fresh linen used for new arrivals.

The girls clean their own and jailers' quarters. Here they are said to have more "privileges" than in the House of Correction. When the jail is short of workers it applies to the House of Correction for a transfer of the required number of inmates. Working hours are from 8 a.m. to 8 p.m.

Tuesdays and Fridays, between 1:30 and 2:30, visitors are allowed. At this hour on one of these days, the jail was visited. The visitors awaited the opening of the gate in an ante-room. Most of them crowded up the steps leading to it. When opened there was a stampede to the window where passes were issued. The visitors were then conducted to the sections where the persons they wished to see were confined. The inmates in each enclosure crowded forward to a screen of heavy, grayish, closely woven wire. The visitors ranged themselves opposite, behind another screen of the same sort. The two screens are about a foot apart. Two rows of people stood in this way, shouting their names back and forth to persons whose features were wholly indistinguishable. Forty persons simultaneously talking over a single wire would be as intelligible.

PREVENTIVE WORK

A number of private agencies and institutions in Chicago are carrying on remedial and preventive work for delinquent or pre-delinquent girls. Four of these are represented in the Morals Court. The Illinois Vigilance Association and the Chicago Law and Order League, represented jointly by the Rev. Alice Phillips Aldrich, who spends the day in court; the Woman's Protective Association, represented partly by Mrs. Aldrich and partly by Mrs. Anna Smith, a bailiff of the court; and the Girls' Protective League, represented occasionally by one of its officials.

The judge refers to Mrs. Aldrich certain girls who need aid, advice or supervision. Mrs. Aldrich maintains no home for such girls. Some are placed in private institutions or restored to their relatives or friends. Efforts to secure employment are made

when occasion arises. Sometimes Mrs. Aldrich is called upon to perform a marriage ceremony for one or more of the defendants.

At the time of visiting the court, two young girls whose names appeared on the docket but against whom no complaint had been filed, were brought before the judge. The arresting officer stated: "We have no evidence against these girls, but they were picked up in the course of a raid on a disorderly rooming-house." The girls said they came from North Dakota. The court asked "What shall I do with these two girls?" Mrs. Aldrich suggested: "I think they should be held until they can get out of the city; I think that I can raise the money by Saturday," (apparently funds from the Woman's Protective Association were not available for such cases) adding that she thought she knew of sources to which she could turn for it. The court said, "I have no jurisdiction to commit these girls to any place; I'll turn them over to you," indicating Mrs. Aldrich. Mrs. Aldrich stated that she did not know where to keep them. Turning to the girls she asked them if they would not rather stay at Lawndale Hospital than at the House of Correction, suggesting that it would be better for them. They agreed to this and promised to stay there voluntarily. It has been stated elsewhere that Lawndale is a detention hospital for venereally diseased convicted women, without provision for segregating offenders.

The Woman's Protective Association, having for its object "to follow cases of women offenders in the courts and to give protection, aid and friendly counsel," besides a general membership of 300 has delegates from sixteen prominent women's organizations of Chicago. Dues are one dollar a year. The Association was founded in 1916. They now plan to have a personal representative in the court every day. Mrs. Smith acts as treasurer for a fund supplied by this Association. She may apply this where, in her discretion, it is needed, railroad fares representing the bulk of the expenditures, although occasional other uses are made of the money.

The work of the Girls' Protective League is directed by the local supervisor of the Interdepartmental Social Hygiene Board. Girls over eighteen years of age are referred to them by the Juve-

nile Protective Association and other social agencies of the city. A number of their cases are received from the women's venereal disease ward of the Cook County Hospital. The League has its own corps of protective officers, who frequent parks, dance-halls, etc., especially on Friday and Saturday nights, watching couples and approaching any girls whose conduct seems to them questionable. Names and addresses of such girls are taken and reported to office headquarters weekly. Follow-up work is then done by workers specially assigned to such tasks. The League handled about 2600 cases during 1919 and 1920, when girls involved with soldiers and sailors were their chief concern, but it has not had so many since demobilization. In cases of serious delinquency the girls are sometimes placed in private homes (small institutions). Others are sent back to their home towns where they are referred to proper agencies. In Chicago, the Girls' Protective League coöperates with numerous private organizations. Chief among these are: Salvation Army, Woman's Protective Association, Florence Crittenton Home (mainly for pregnant girls; capacity 22) Chicago Home for Girls (capacity 100), St. Margaret's Home (small home for Catholic girls), House of the Good Shepherd (capacity 500), Big Sisters (Catholic and Protestant), the Bureau of Personal Service (Jewish).

So far as remedial and corrective work for girls passing through the Morals Court is concerned, it did not appear that private agencies were making any scientific approach to the problem. It should be stated, however, that it is not possible to say to what extent coöperation on the part of such agencies is desired or made possible by the Court. Even numerically one cannot gauge the extent to which girls have been aided by these private groups month by month or year by year, as none of them keeps systematic records in regard to individuals assisted. Mrs. Smith, however, reports regularly to the Woman's Protective Association regarding expenditures on behalf of the girls.

RECORDS AND STATISTICS

Records. Consideration of three facts alone will show how seriously the value of the Morals Court records of individuals arraigned there is impaired:

- 1. No finger-prints, either before or after conviction, are taken.
- 2. Statements made by the individual are seldom checked up.
- 3. Sex, color, age or nativity are not specified on the docket.

The Secretary of the Social Service Department (a post held by a woman appointed by the Chief Clerk of the Municipal Court)¹ attempts to keep a card record of each girl or woman brought before the court. A copy of the card-form used stands below. Information called for by the starred items is copied from the Arrest Slip accompanying the complaint.

Morals Branch	
Date.....192....	No.....
*Name.....	Height.....
*Address.....	Weight.....
.....	Hair.....
*Offense.....	Eyes.....
.....
Working.....	Employment.....
Previous Arrests.....	.....
Previous Convictions.....	.....
Age.....	.....
Race.....	.....
Birthplace.....	.....
“ Father.....	.....
“ Mother.....	.....
Father living.....	Mother Living.....
Sisters.....	Brothers.....
Married.....Single.....	Divorced.....Widowed.....
Children alive.....	Dead.....
Grade in school.....	.....
Speak English.....	.....
Read “.....	.....
Write “.....	.....
How long in Chicago.....	.....
Age started prostitution.....	.....
Dispensary treatment.....	.....
Hospital care.....	.....
Psychopathic laboratory.....	.....
Physician’s diagnosis.....	syphilis.....gonorrhea.....negative.....

¹ This department has been fully described on pp. 373 ff.

"Previous arrests" are noted in cases when the defendant is recognized and induced to reveal any alias. Again and again court clerks and officials asserted to investigator: "We know when they have been here before." The health department furnishes the social service secretary a daily report from which she can enter result of the Wassermann test or any statement regarding hospital or dispensary treatment that may appear. The other facts, when supplied, are based upon the girl's unverified statements.

No corresponding record is kept of the men. Information concerning them can be secured from the docket, in respect only to docket number, name given, charge and disposition.

A word of explanation should be given in regard to the meaning of terms used under "disposition," whether in relation to men or women, as it will be necessary to bear that in mind in reviewing the tables in the appendix.

One may be "discharged" because found not guilty; because of a faultily drawn complaint; for want of evidence in a case; because a short period of supervision (not on probation) presumably has terminated satisfactorily; because of being rendered non-infectious by treatment at Lawndale Hospital;¹ because of motion to vacate judgment,² or motion for new trial, or because reported feeble-minded by the Psychopathic Laboratory. Although some cases of *nolle prosequis* and non suits appear on the docket, many of these are entered as "dismissed for want of prosecution." An official of the Municipal Court writes: "To avoid public criticism it seems to be the policy of the state's attorney's office and also that of the city prosecutor's to have as few *nolle prosequis* and non suits entered on record as possible, and as a subterfuge they often suggest to the court that the suit be 'dismissed for want of prosecution.' " A continuance, besides

¹ If women returned to the Morals Court after having been rendered non-infectious at Lawndale Hospital are, as was generally claimed, discharged by the Court, it appears that of the 687 women discharged during the first six months of 1920, 272, or 39.5 per cent, had first received treatment at Lawndale.

² While motions to vacate judgment or motions for new trial are entered on the docket, if sustained, the disposition is indicated as "discharged."

indicating adjournment of a hearing may mean also that sentence is suspended for a brief period during which the girl is under a sort of supervision described elsewhere.¹ It may indicate also that a person is released on a personal recognizance bond.

It may be interesting to note in connection with the data supplied by the Morals Court, the minimum requirements for criminal court records set forth by the Committee on Statistics of Crime of the American Institute of Criminal Law and Criminology:²

What Criminal Court Records Should Show

(a) In Regard to the Criminal Process

1. Manner of commencing proceedings (by indictment, information presentment, inquisition, affidavit, complaint, etc., as the case may be).

2. Offense charged. 3. Date of offense, of indictment and of final disposition. 4. Pleas (guilty, nolo contendere, not guilty). If plea of guilty, then statement of precise offense which plea admits. 5. Disposition other than by trial or plea of guilty (indictment quashed, nolle prossed, demurrer sustained, dismissed, placed on file, etc.). 6. Mode of trial (by court or by jury). 7. Verdict (in case of guilty of lesser offense than originally charged, a statement of lesser offense). 8. Character of sentence (whether executed or suspended, etc.). 9. Appeal and result. 10. Institution to which sentenced. 11. Whether fine was paid. 12. Period of commitment for non-payment of fine.

(b) In regard to Social Status of Defendant

1. Age. 2. Sex. 3. Color. 4. Race. 5. Birthplace. 6. Birthplace of parents. 7. Conjugal condition. 8. Education. 9. Occupation. 10. Citizenship. 11. Previous Convictions.

The police department keeps statistics showing the total number of arrests, arraignments and dispositions, by sex and offense, of persons arrested or arraigned in Chicago, but the court in which defendants are arraigned is not specified. Neither is it possible wholly to isolate sex offenses, because on their records "disorderly conduct" includes at least 23 other offenses, relating chiefly to disturbances of the peace.

¹ See p. 372, par. 4; p. 393, par. 2.

² *Journal of Criminal Law and Criminology*, vol. 1, Sept. 1910, pp. 417-437.

While a clerk of the Morals Court keeps a record of "cash bonds accepted," no record is kept of surety bonds or of releases on personal recognizance. The court papers indicate this in regard to each individual, but no summary is made. In certain cases warrants may be issued, but no record was available showing the number served. There are no statistics showing the number of bonds forfeited or the numbers of failures to appear on personal recognizance. The bond and recognizance papers are filed with the individual cases, the bonds being filed in the bond clerk's office on another floor in the building and the recognizances in the office of the chief justice.

Statistics. In attempting to form any accurate conception of the problems of the Morals Court or of the extent and nature of sex offenses in Chicago as a whole, one is confronted with serious difficulties—many of them insurmountable.

Turning first of all to statistics published in Annual Reports of the Municipal Court we find in the first report of the Morals Branch,¹ under "Statistical Report of the Morals Court," the following statement:

Cases disposed of from April 7, 1913 to December 1, 1913.....5005
From this number of cases we can give statistics of.....2988

The tables that follow are arranged by months, in respect to:

1. Number of cases, April-November, 5005
2. Color of defendants, June-November (of 2698)
3. Ages of defendants, June-November, in 3 to 4 year groups (of 2470)
4. Nationalities, June 28-November (of 2471)
5. Civil condition, June-November, Married or single (of 2633), with an additional column of 28 "people" married in court
6. Offenses, June-November (of 2072)
7. Occupation, June-November (of 2657)
8. Placed on probation, April-November, 263. This is the only table showing disposition
9. Fines collected, April-November, \$15,378

From the foregoing, it appears that the periods covered in the nine tables are not all uniform, three being for April through November, 1913; five for June through November; and one from June 28 through November.

¹ Seventh Annual Report, Municipal Court of Chicago, 1912-1913, p. 98.

At the beginning of the statistical report the statement is made in reference to the 2938 cases of whom statistics can be given that, "some defendants refused to give any information and others very little." Our own computation shows that the number of such defendants varies from 240 to 866.

In the Eighth and Ninth Annual Reports of the Municipal Court for the period December 1, 1913 to December 5, 1915, inclusive, a two and a quarter page statistical report of the Morals Branch is given.

These tables furnish a record of violation of laws and ordinances for the years 1914 and 1915, and disposition of cases appearing in those years.

One table furnishes a record of "cases disposed of" in 1914 and 1915, being in reality a record of violation of laws and ordinances, and a separate table shows dispositions made. The former table specifies 38 classifications of 25,006 violations with only 175 "*other cases*." The latter, dealing with the same number of cases, specifies only four classifications, grouping 6339 as "*other cases*." These classifications deal only with sex offenses without, however, indicating disposition of 484 cases of adultery and fornication, specified under "violations."

The three remaining tables relate to the number of "New Suits Filed," "Jury Trials," and the amount of "Fines Collected."

It will be noted that the only common and therefore comparable information set forth in the 1913 report and that for 1914-15 is the total number of cases brought before the court and the amount of fines collected. As less than half of the 1913 cases are classified in respect to offenses, comparisons for the two succeeding years are impossible.

The next statistical report of the Morals Branch may be found in the Tenth and Eleventh Annual Reports of the Municipal Court for the period December 6, 1915 to December 2, 1917, inclusive. This comprises a table of "Cases Filed," grouped under "Felonies," "Misdemeanors," and "Quasi Criminal" for the respective years; "Cases Disposed of," similarly grouped and showing in addition the offense and disposition. Here one has a

partial basis of comparison with the preceding period so far as offenses and dispositions are concerned.

No report of the Municipal Court has been published since 1917. It has been pointed out elsewhere that all cases heard in the Morals Court are not for sex offenses; nor are all sex offenses occurring in the City of Chicago heard in the Morals Court. A considerable number refuse to sign the jury waiver and so automatically are transferred to the Jury Branch. Such violations as take place in the 6th, 7th, 8th, 9th, and 10th precincts are heard at the South Chicago Station (8th precinct) as the precincts enumerated lie eight to twelve miles distant from the Morals Court. Furthermore in cases in which affidavits of prejudice are filed against any or all of the judges sitting in the criminal branches, the case may be assigned to any other of the judges in the civil branch. The 1917 report shows under the charge, "Keeping disorderly house" (to take but a single instance) 4518 cases heard in 17 different courts, as follows:

Branch No. 3.....	109	Maxwell St.....	76
Boys' Court.....	18	Sheffield Ave.....	3
Domestic Relations	3	Shakespeare Ave.....	2
Jury Branch.....	1291	35th Street.....	206
Morals Branch.....	2585	Stock Yards.....	18
Harrison Street.....	84	Englewood.....	12
Desplaines Street.	53	Hyde Park.....	13
E. Chicago Ave.....	38	South Chicago.....	5
W. Chicago Ave.....	2		

Still another fact must be taken into consideration: Whereas the term, "Disorderly conduct," as used in Morals Court cases refers chiefly to loiterers or inmates of houses of ill-fame, when used in relation to other courts, it may include (as in the police records) at least 23 other types of offense. The significance of this is more readily apparent when one bears in mind that of the eight charges of sex violation under which offenders may be brought into the Morals Court, the number of "disorderly conduct" cases tried in the Morals Court (Ord. 2012) stands second only to, "Keepers and Inmates of Disorderly Houses," (Ord. 2019.)

Certain of the difficulties lying in the way of forming any accurate estimate of the nature and extent of sex offenses in Chicago may be summed up as follows:

1. Absence of finger-print system.
2. Failure to designate sex of the defendant.
3. Lack of comparable data:
 - a) In relation to individuals.
 - b) In relation to the criminal process.
 - c) In relation to periods of time.
4. Practice of hearing other than sex offenses in Morals Court.
5. Scattering of cases of sex offenses throughout other branches of the Municipal Court.
6. Inclusion of numerous other than sex offenses under term "Disorderly Conduct."

While the reports contain considerable information in regard to various aspects of the problem under consideration the data are so fragmentary and unrelated in character as to provide no adequate system of checks and balances looking toward the development of constructive policies in handling the delinquent woman.

For the reasons just set forth it became apparent at the time of our investigation that little insight into the procedure and workings of the Morals Court could be gained from the meagre, fragmentary and by no means recent statistics available. Accordingly it was necessary to go direct to the 1920 docket of the Morals Court in order to abstract and compile essential data. This was made possible through the courtesy of the chief clerk of the Municipal Court and the kind assistance of his deputy, Mrs. Elizabeth M. Gardner, secretary of the Social Service Department of the Morals Court. Owing to the size of the docket and the limits of our time it was possible to cover only a six months' period—that of January 1 to June 30, 1920. Tables 1, 5, 6, 8 and 9 in the Appendix embody the result of our study of the docket.

Table 1 shows the final disposition of cases of sex offenders arraigned in the Morals Court during the first six months of 1920. These number 2207 of whom 1239 are men and 968 women.

1870

The following is a list of the names of the persons who have been admitted to the office of the Secretary of the Board of Education, since the last report.

The following is a list of the names of the persons who have been admitted to the office of the Secretary of the Board of Education, since the last report.

Name		Age		Sex		Religion		Education		Occupation		Date of Admission	
John A. Smith		25		Male		Roman Catholic		High School		Teacher		Jan. 1, 1870	
Mary E. Jones		22		Female		Protestant		College		Student		Feb. 1, 1870	
James H. Brown		28		Male		Methodist		University		Professor		Mar. 1, 1870	
Elizabeth C. White		20		Female		Episcopal		Seminary		Student		Apr. 1, 1870	
William D. Green		24		Male		Presbyterian		College		Student		May 1, 1870	
Sarah F. Black		19		Female		Baptist		Seminary		Student		Jun. 1, 1870	
Robert L. Gray		26		Male		Anglican		University		Professor		Jul. 1, 1870	
Anna M. Hall		21		Female		Quaker		College		Student		Aug. 1, 1870	
Charles K. Young		23		Male		Unitarian		Seminary		Student		Sep. 1, 1870	
Margaret A. Lee		18		Female		Presbyterian		College		Student		Oct. 1, 1870	
Henry B. Clark		27		Male		Roman Catholic		University		Professor		Nov. 1, 1870	
Isabella G. King		20		Female		Methodist		Seminary		Student		Dec. 1, 1870	
John C. Miller		24		Male		Episcopal		College		Student		Jan. 1, 1871	
Elizabeth D. Wilson		19		Female		Baptist		Seminary		Student		Feb. 1, 1871	
William E. Moore		25		Male		Anglican		University		Professor		Mar. 1, 1871	
Sarah H. Taylor		21		Female		Quaker		College		Student		Apr. 1, 1871	
Charles F. Adams		23		Male		Unitarian		Seminary		Student		May 1, 1871	
Margaret J. Baker		18		Female		Presbyterian		College		Student		Jun. 1, 1871	
Henry I. Scott		26		Male		Roman Catholic		University		Professor		Jul. 1, 1871	
Isabella K. Green		20		Female		Methodist		Seminary		Student		Aug. 1, 1871	
John L. Hall		24		Male		Episcopal		College		Student		Sep. 1, 1871	
Elizabeth M. Clark		19		Female		Baptist		Seminary		Student		Oct. 1, 1871	
William N. King		25		Male		Anglican		University		Professor		Nov. 1, 1871	
Sarah O. Moore		21		Female		Quaker		College		Student		Dec. 1, 1871	
Charles P. Taylor		23		Male		Unitarian		Seminary		Student		Jan. 1, 1872	
Margaret Q. Adams		18		Female		Presbyterian		College		Student		Feb. 1, 1872	
Henry R. Baker		26		Male		Roman Catholic		University		Professor		Mar. 1, 1872	
Isabella S. Clark		20		Female		Methodist		Seminary		Student		Apr. 1, 1872	
John T. King		24		Male		Episcopal		College		Student		May 1, 1872	
Elizabeth U. Moore		19		Female		Baptist		Seminary		Student		Jun. 1, 1872	
William V. Taylor		25		Male		Anglican		University		Professor		Jul. 1, 1872	
Sarah W. Adams		21		Female		Quaker		College		Student		Aug. 1, 1872	
Charles X. Baker		23		Male		Unitarian		Seminary		Student		Sep. 1, 1872	
Margaret Y. Clark		18		Female		Presbyterian		College		Student		Oct. 1, 1872	
Henry Z. King		26		Male		Roman Catholic		University		Professor		Nov. 1, 1872	
Isabella A. Moore		20		Female		Methodist		Seminary		Student		Dec. 1, 1872	
John B. Taylor		24		Male		Episcopal		College		Student		Jan. 1, 1873	
Elizabeth C. Adams		19		Female		Baptist		Seminary		Student		Feb. 1, 1873	
William D. Baker		25		Male		Anglican		University		Professor		Mar. 1, 1873	
Sarah E. Clark		21		Female		Quaker		College		Student		Apr. 1, 1873	
Charles F. King		23		Male		Unitarian		Seminary		Student		May 1, 1873	
Margaret G. Moore		18		Female		Presbyterian		College		Student		Jun. 1, 1873	
Henry H. Taylor		26		Male		Roman Catholic		University		Professor		Jul. 1, 1873	
Isabella I. Adams		20		Female		Methodist		Seminary		Student		Aug. 1, 1873	
John J. Baker		24		Male		Episcopal		College		Student		Sep. 1, 1873	
Elizabeth K. Clark		19		Female		Baptist		Seminary		Student		Oct. 1, 1873	
William L. King		25		Male		Anglican		University		Professor		Nov. 1, 1873	
Sarah M. Moore		21		Female		Quaker		College		Student		Dec. 1, 1873	
Charles N. Taylor		23		Male		Unitarian		Seminary		Student		Jan. 1, 1874	
Margaret O. Adams		18		Female		Presbyterian		College		Student		Feb. 1, 1874	
Henry P. Baker		26		Male		Roman Catholic		University		Professor		Mar. 1, 1874	
Isabella Q. Clark		20		Female		Methodist		Seminary		Student		Apr. 1, 1874	
John R. King		24		Male		Episcopal		College		Student		May 1, 1874	
Elizabeth S. Moore		19		Female		Baptist		Seminary		Student		Jun. 1, 1874	
William T. Taylor		25		Male		Anglican		University		Professor		Jul. 1, 1874	
Sarah V. Adams		21		Female		Quaker		College		Student		Aug. 1, 1874	
Charles W. Baker		23		Male		Unitarian		Seminary		Student		Sep. 1, 1874	
Margaret X. Clark		18		Female		Presbyterian		College		Student		Oct. 1, 1874	
Henry Y. King		26		Male		Roman Catholic		University		Professor		Nov. 1, 1874	
Isabella Z. Moore		20		Female		Methodist		Seminary		Student		Dec. 1, 1874	
John A. Taylor		24		Male		Episcopal		College		Student		Jan. 1, 1875	
Elizabeth B. Adams		19		Female		Baptist		Seminary		Student		Feb. 1, 1875	
William C. Baker		25		Male		Anglican		University		Professor		Mar. 1, 1875	
Sarah D. Clark		21		Female		Quaker		College		Student		Apr. 1, 1875	

Of this number it will be noted that 312 men, or 25.1 per cent; and 195 women, or 20.1 per cent, were convicted—making total convictions of 507 or 22.9 per cent. Seven hundred and ninety-nine men and 687 women were discharged.¹ Perhaps most surprising of all the facts revealed by this table is the small number of commitments to an institution—nine men and five women—all sent to the House of Correction. This may be explained partly by the fact that Illinois has no state reformatory for women and partly by two facts mentioned elsewhere:

1. In the statutes and ordinances relating to sex offenses provision for commitment is made under the statutes only.
2. By far the greater number of cases brought into the Morals Court are for violations of city ordinances.

Table 5 presents a study of court action on cases appearing in the Morals Court during the period studied and shows in addition to final disposition other steps in the criminal process. An outstanding feature of this table is the number of continuances—2214 in the case of 1239 men; and 2441 in the case of 968 women. This has been more fully discussed on pages 364 ff.

Table 6, a study of court action on cases transferred from the Morals Court to the Jury Branch, January 1 to June 30, 1920,² shows a total of 93 cases—47 men and 46 women. Of these, two men and three women actually were tried by jury, all five being discharged. Other significant features of this table are pointed out on pages 367 ff.

Tables 8, 9 and 10, illustrative of the number and length of continuances through a study of 100 women whose cases were continued have been fully discussed on pages 364 ff.

From the Records Division of the Police Department we secured the data given in Tables 2 and 3 in regard to persons arrested for sex offenses in the entire city of Chicago. In Table 2 we have a comparison of arrests and convictions for the months, January, March and April, 1920. The figures for February had

¹ In regard to the many implications of this term, see pp. 403–404.

² For the facts furnished in this table it was necessary to follow through from the docket of the Morals Court to the Jury Branch docket cases indicated to have been transferred to that branch.

not been compiled by the division at the time of our inquiry, nor had the record been carried beyond April. Although these statistics cover only three of the six months covered in Table 1, it is nevertheless interesting to note how closely the percentage of convictions of arraigned persons in Table 1 corresponds to the percentage of convictions of arrested persons in Table 2, namely, of the men arraigned during the first six months of 1920, 25.1 per cent were convicted and of the men arrested during the three-month period, 27.6 per cent were convicted; of the women arraigned, 20.1 per cent were convicted and of the women arrested, 22.4 per cent; of the total arraigned, 22.9 per cent were convicted and of the total arrested, 26.8 per cent were convicted. Although neither table is wholly comparable with Table 1, each being for a different period of time and relating to the entire city, they form nevertheless a background for the facts enumerated in Table 1.

In the same way, Table 4, showing disposition of cases arraigned in the Morals Court for the four years 1916-1919, inclusive, affords some measure of activity in the Court and should be consulted in connection with Tables 1, 2 and 3.

Table 7 shows the names of judges who have presided in the Morals Court since its establishment and the approximate length of time each judge sat. There is no fixed system for returning to the Morals Branch, by rotation or otherwise, a judge who acquires experience in this class of cases.

Table 11 indicates disposition in the Morals Court of 100 women arraigned during the first six months of 1920 who were known to have had two or more previous convictions. These deal with 100 consecutive cases taken by the secretary of the Social Service Department from the alphabetical card file kept by her of women and girls brought before the Morals Court. Of these, 54 were convicted on the new charge and disposed of as follows:

Probation.....	23
House of Correction.....	4
Fined.....	27

The facts appearing in Table 12 were supplied by the court clerk from his record of cash bonds accepted during the first six months of 1920.

100

...SO WE'RE KNOWN TO HAVE

THREE PREVIOUS CONVICTIONS

¹ Data supplied by Court Clerk from record of cash bonds accepted in Morale Court.

TABLE 13. STATUS OF 75 PERSONS, FROM TOTAL OF 88 PLACED UPON PROBATION FROM THE MORALS COURT OR THE JURY BRANCH DURING THE FIRST SIX MONTHS OF 1920, AS REPORTED BY THE ADULT PROBATION DEPARTMENT (PAGE 395 FF)

CONDUCT	TOTAL		DISORDERLY CONDUCT		PATRONS & INMATES DISORD. HOUSE		SOLICITING		PERSONS CON- NECTED WITH PUBLIC NUI- SANCE		INMATES DIS- HOUSE OR SO- LICITING FOR PROSTITUTION		FORNICATION		ADULTERY		NOT GIVEN	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Satisfactory.....	9	26	.....	12	1	1	3	7	.....	3	1	.....	.....	.....	.....	.....	.....	.....
Unsatisfactory.....	1	7	.....	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unsatisfactory—Warrant.....	1	3	.....	1	.....	.....	1	5	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Still on probation (Conduct good).....	2	8	.....	2	.....	.....	.....	2	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Still on probation (Conduct not good).....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Still on probation!.....	3	7	1	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	16	59	1	23	1	3	4	18	.....	4	5	.....	2	5	.....	.....	1	.....

! No statement concerning conduct.

Table 13, showing record of 75 out of 88 persons placed upon probation during the first six months of 1920, is fully described on pages 395 ff.

APPEALS

As before stated, no provision is made for a court reporter to take stenographic notes of proceedings in the Morals Court. The necessity of this is apparent upon appeal. Appeals are taken directly from this court either to the Court of Appeals or to the Supreme Court. In other words, the appealed case is not retried before a higher court of original jurisdiction, but appeals are heard by an Appellate Court. This makes a written record particularly essential. As the record for appeal is made up at present, the attorneys and court must come to an agreement on the facts. If the attorneys fail to stipulate what the facts are, it becomes necessary for the court to certify them from memory. The difficulty of this is apparent, in view of the number of cases heard daily and the failure of the judge to take notes in each case.

CONCLUSION

The foregoing report seeks merely to describe the structure, jurisdiction, and procedure—social as well as legal—of the Chicago Morals Court. Merits and defects have been commented upon only incidentally. In the final instalment of this series of articles on specialized courts in large cities an attempt will be made to compare, analyze, and constructively criticize practices in the courts studied.

HIGH LIGHTS IN NOTE AND COMMENT

In Note and Comment, page 484, we present a quotation from Edward Frederick Benson's recent volume of reminiscences, *Our Family Affairs*, which is interesting both on account of its comments on English school life and because of the associations of its author with a distinguished family. E. F. Benson, known chiefly as a novelist, was in early life an archeologist, but left this profession for fiction. His clever society novel, *Dodo* (1893), brought him instant fame, which has since been constantly sustained. Edward is one of several brothers almost equally famous, including Arthur Christopher Benson of Cambridge and Eton, the beloved essayist of *From a College Window* and *The Upton Letters*; and Monsignor Robert High Benson whose dramatic transition from the priesthood of the Church of England to that of Rome has linked his name with those of Manning and Newman. All the brothers are widely known men of letters, as was their father, Edward White Benson, archbishop of Canterbury from 1883 to 1896. The archbishop's devout but genial and masterful character, together with the influence of his wife, Mary Sidgwick, formed the atmosphere of family love in which the brothers were nurtured.

Readers who are following the course of public and international opinion on questions of venereal-disease control will wish to inform themselves of the composition and resolutions of the North European Conference for Combating Venereal Diseases, an account of which is published on page 478.

Of even greater official import was the International Conference on Traffic in Women and Children, convened at Geneva last June by the call of the Council of the League of Nations. The resolutions of this Conference are given on page 480.

A PROGRAM FOR THE STATISTICS OF THE VENEREAL DISEASES

LOUIS I. DUBLIN

Statistician, Metropolitan Life Insurance Company

AND

MARY AUGUSTA CLARK

Statistician, American Social Hygiene Association

It must be evident, even to the layman, that the damage done by the venereal diseases is enormous. Most persons now know in a general way that gonorrhea is a cause of the sterility of many marriages; the blindness of many new-born infants; the incapacitating of a large number of men for longer or shorter working periods of their lives by acute infection, and later, by chronic invalidism; and the infliction of painful and crippling illness upon hosts of innocent women. Most people know likewise that syphilis is a killing disease; that it is an important causal factor in the mortality of prematurely or stillborn infants; that it plays a large part in causing death immediately after birth at full term and during the first year of life; and that it frequently produces invalidism and death among young people as well as among the aged through its effects upon the circulatory and nervous systems. It is also well known that syphilis is responsible for a considerable part of the insanity and economic incapacity in the country. It is because these facts are generally appreciated that the world is now aroused to combat the venereal diseases, and that such conferences as this¹ are being held in this and other civilized countries of the world.

It is the function of the statistician of the venereal diseases to attempt an approximate measure of the losses we have vaguely referred to above. The statistician applies the yardstick and converts vague notions into simple, definite, numerical state-

¹ This paper was originally presented in a less elaborate form at the U. S. Public Health Service Institute on Venereal Disease Control and Social Hygiene, Washington, D. C., December 1, 1920.

ments. He must gather the facts of sterile marriages, of blinded babies, of disabled men, of maimed women, and give the community a true picture of the grave damage thus done by gonorrhea in terms of the number of persons affected, the extent of their disability, the resulting economic loss, and the amount of curtailment of their longevity. In like manner, he must obtain from all available sources, from the records of federal, state, and municipal departments of health, from dispensaries, from private physicians, from general hospitals, and from hospitals for mental diseases, the number of persons suffering from syphilis. He must measure the misery it causes, in terms of the number of babies that die from this cause *in utero* and soon after birth, the extent of disability during the working period of life, the amount of general and mental disease and, if possible, the curtailment of longevity. He must determine further the cost of this misery to the tax-paying public. In his search for facts, he must coöperate with medical investigators, guiding them in their researches through clues and suggestions obtained from his analyses. He can relate cause and effect perhaps better than others. His methods permit him to distinguish what is significant from what may be a chance relation. He can gauge results of special efforts made to control the incidence of these diseases. He keeps track of the progress being made.

This is the program of the vital statistician; but, with reference to the venereal diseases, his work is very largely in a rudimentary stage. Exact statistical methods have only begun to be employed in this field. It is, therefore, impossible at this time to present in a statistically satisfactory form the information which the workers in this field so much need and which it is obviously the business of the statistician to gather and develop. It is not too much to say that with the exception of a very few contributions to be referred to later, the information now available is, on the whole, untrustworthy and had better be replaced.

Exigencies of time make it necessary also to limit our discussion to the most outstanding features of our knowledge with reference to the venereal diseases. We shall, therefore, restrict ourselves to the facts of their prevalence as indicated by cases and deaths

reported, and shall not consider the as yet unreliable data with reference to the social damage caused.

To determine the prevalence of the venereal diseases, our first source of information is the reporting of cases or morbidity registration. The principle of notification holds that these infections are communicable and dangerous to the public health. This source of information is still in its infancy, though real forward steps are being made. Nearly all states in one way or another require the reporting of cases of venereal diseases to the health authorities, and have adopted the standard form of law which has the approval of the agencies engaged in the venereal-disease campaign. Other states have the essentials of venereal-disease reporting as a part of their requirements covering the reporting of communicable diseases. There is considerable variation in the details of administering these laws. According to the best data at our disposal, 7 states require the reports to include the name of the patient, 40 report on serial number, but of these, at least 17 in addition require the name of the patient when he fails to observe proper precautions. Practically all of these states have instituted their systems of reporting within the last three years, as a result of the active campaign against the venereal diseases undertaken during the world war, for the protection of soldiers and sailors.

The United States Public Health Service publishes summaries of the figures reported to it by the state boards of health (1).¹ In 1919 the Service received reports of 131,193 cases of gonorrhea, 100,466 cases of syphilis, and 7843 cases of chancroid and other venereal infections. The total for all venereal diseases was 239,502 cases. The 1920 reports, summarized in Table 1, show 172,387 cases of gonorrhea, 142,869 of syphilis, and 10,861 of chancroid, or a total of 326,117 cases of venereal diseases. Because of the limitations of the figures, no comment is possible on the significance of the data for these years. The increase of the 1920 figures over those for 1919 is probably due to increased activity in securing notification, and not necessarily to an increase in the prevalence of the diseases.

¹ Figures in parentheses refer to Bibliography at end.

TABLE I
CASES OF VENEREAL DISEASES REPORTED TO STATE BOARDS OF HEALTH
July 1, 1919 to June 30, 1920¹

STATE	TOTAL	GONORRHEA	SYPHILIS	CHANCROID
Alabama	17,063	8,147	9,162	654
Arizona	423	309	112	1
Arkansas	4,769	2,856	1,633	280
California	9,102	4,877	4,225	
Colorado	4,703	2,968	1,607	128
Connecticut	3,571	1,213	2,259	4
Delaware	633	634	263	42
Dist. of Columbia ²				
Florida	5,010	2,041	2,706	263
Georgia	11,904	6,076	5,483	343
Idaho ³	858	222	131	5
Illinois	31,878	17,670	13,232	984
Indiana	9,899	5,283	4,364	243
Iowa	4,167	2,935	1,113	119
Kansas	3,539	2,063	1,388	58
Kentucky	4,165	2,328	1,810	127
Louisiana	8,946	5,104	2,901	941
Maine	2,182	1,431	711	40
Maryland	3,714	1,928	1,475	311
Massachusetts	12,313	6,420	3,990	4
Michigan	19,532	10,966	8,355	291
Minnesota	9,537	5,366	3,953	200
Mississippi	3,351	2,052	1,115	184
Missouri	6,053	3,537	2,157	359
Montana	2,295	1,555	615	5
Nebraska	5,999	3,839	1,806	304
Nevada ⁴				
New Hampshire	1,212	769	432	21
New Jersey	7,187	3,445	3,477	265
New York	35,851	8,350	27,563	■
New Mexico	466	292	156	17
North Carolina	8,745	5,740	2,481	544
North Dakota	1,294	944	301	19
Ohio	13,748	6,638	6,353	757
Oklahoma ⁵	7,666	4,430	2,880	386
Oregon	1,324	966	358	0
Pennsylvania ⁶	1,584	334	1,002	48
Rhode Island ⁴	1,224	485	732	7
South Carolina	11,826	5,719	5,508	599
South Dakota	1,350	962	287	31
Tennessee	6,893	3,702	2,855	336
Texas	15,264	8,700	5,334	1,150
Utah	1,925	1,343	656	26
Vermont	970	619	381	
Virginia	5,021	2,680	2,570	371
Washington	4,199	3,186	945	58
West Virginia	6,246	4,607	1,417	223
Wisconsin	4,077	3,334	■	103
Wyoming	1,133	890	266	27
UNITED STATES	326,117	172,387	142,669	10,961

United States Public Health Service Report, 1920, p. 316 (1). (Figures in parentheses refer to Bibliography.)

² Venereal diseases not reportable.

³ Three months only.

⁴ No report for June.

⁵ No report for May and June.

The efficiency of reporting varies greatly in the several states and in no state has notification as yet reached the stage where it begins to give a true indication of the incidence of these diseases. This deficiency is best indicated by the large number of cases shown to exist through the draft examinations. Those states which, according to the draft results, showed a large number of cases of infection to exist are also the states in which the smallest number of cases are reported by the departments of health. But, even in such states as Massachusetts, where there seems to be the highest degree of efficiency in reporting, the number of cases communicated to the state department of health is very small. There were reported in Massachusetts in 1920, 12,313 new cases of venereal diseases, or 3.19 new cases per 1000 population.

If all of the cases reported in former years which still remain uncured in 1920, could be added to this figure, it would still remain low. There are no records available to show the number of uncured cases carried over from year to year. For purposes of illustrating how low the figures are, let us assume that these infections run an average course of five years, and that the same number of new cases were contracted in former years as in 1920. On the basis of these assumptions the incidence rate will be increased five-fold,—from 3.19 per 1000 to 15.95 per 1000, or to 1.6 per cent (in the state of Massachusetts). As we shall see later, all the evidence points to a very much higher incidence of the venereal diseases in the community.

A serious defect in venereal-disease notification lies apparently in the laxity which surrounds the whole machinery of reporting these diseases. The figures for the several states, presented above, represent, we believe, new cases only, but we cannot tell whether there are duplications nor how many. There is the greatest variability among the states in these particulars and it will be some time before the figures of notification will mean very much as a true measure of venereal-disease incidence. Moreover, supposing this difficulty in reporting procedure were removed, there would remain the further difficulty that only persons suffering from active or troublesome infections are likely to seek treatment. It is thus almost impossible to estimate the extent of

under-notification of venereal disease. Some observers have remarked that not more than one half of the new cases receive medical attention and that only about one half of these cases are reported by the doctors. On this basis, not more than one fourth of the new cases ever get into the statistical records. In the states where less interest is shown, the proportion of notified cases is very low indeed.

There are three steps which must be taken by all American states in order that we may have eventually a truer idea of the prevalence of venereal diseases. The first is the passage of satisfactory laws making it obligatory to report cases of venereal diseases in the few states where no law is now operative, and the more rigorous enforcement of laws already enacted. The second and more important step is to educate physicians to make these reports in the interests of community defense against the venereal diseases. Only with the coöperation of physicians can complete morbidity statistics be obtained. This phase of the problem of securing case notification is linked with important considerations of mass and individual psychology. Both physicians and patients must be shown by actual examples of confidence maintained that a notice to the local and state board of health will not jeopardize the physician's or patient's social and economic interests except where the patient wilfully endangers the health and security of others by ignoring proper principles of case management. This will serve better to break down the patient's resistance to notification and insure the positive interest of physicians in the notification acts than will coercive methods. There is hardly any other problem in public-health education that requires more tact in the creation and management of public opinion, than that of venereal-disease notification and control. The idea must be "sold" skillfully. An attempt to enforce the provisions of a venereal-disease notification act which ignores the patient's desire to keep knowledge of the case from his friends and neighbors, will probably fail to produce results commensurate with the effort. The third step is to educate the public more and more to desire treatment at the hands of skillful and scrupulous physicians. This will increasingly result in the reporting of such cases.

This end can be attained by informing the public on the symptoms of the disease and also on the effectiveness of treatment.

It is obvious that case reporting up to the present time has not progressed far enough to give us any considerable amount of dependable information on venereal-disease prevalence in the general population. The statistician must, therefore, turn to other more or less satisfactory indicators of the distribution and effects of venereal disease. The line of attack which has been followed was to collect the facts of incidence for various groups of the population. Highly instructive data (2) were obtained in the recent draft examinations when a large number of men proportionally distributed throughout the entire country were examined. In the second million, for example, 5.67 per cent had a venereal disease at the time of examination. Syphilis showed a rate of 1 per cent, gonococcus infection of 4.5 per cent, and chancroid, less than two tenths of 1 per cent. These figures are far from complete or adequate, since they include the result of clinical inspections without laboratory tests. Furthermore, many of the examining physicians were not sympathetic toward exempting men who had venereal diseases and, therefore, were not particularly keen about discovering or recording these infections.

No provision was made for recording age, color, and nationality on the medical examination blanks, with the consequent loss of a rare opportunity for obtaining valuable figures. As to the comparative frequency of the venereal diseases in the two color groups, there are good indications that the prevalence of these diseases was higher among colored draftees than among white. The tabulation of the percentages of infection found in the several states, shown in Table 2, reveals consistently low rates in the northern and western states where the proportion of the colored race is very low. Examples of the percentages found in these states are, 1.3 per cent in Vermont and 2.4 per cent in Minnesota. Consistently high rates were found in the Southern states where the proportion of colored is high,—16.3 per cent in Florida, 13.6 per cent in Georgia, etc.

These indications were later confirmed by studies made in the army during 1918 (3) comparing infection rates among white and

TABLE 2

PERCENTAGE OF THE SECOND MILLION DRAFTED MEN FROM EACH OF THE STATES FOUND TO BE INFECTED WITH A VENEREAL¹ DISEASE AT THE TIME OF ARRIVAL AT MOBILIZATION CAMPS¹

STATE	Percentage infected	STATE	Percentage infected
Florida.....	16.3	Nevada.....	3.3
Georgia.....	13.6	Nebraska.....	3.1
Mississippi.....	13.2	Kansas.....	3.0
South Carolina.....	13.1	Iowa.....	3.0
Louisiana.....	12.1	New York.....	3.0
Alabama.....	11.5	Washington.....	2.9
Texas.....	11.2	California.....	2.8
Arkansas.....	10.5	Rhode Island.....	2.8
Oklahoma.....	8.5	Connecticut.....	2.7
District of Columbia....	8.1	Colorado.....	2.5
Delaware.....	7.7	Minnesota.....	2.4
Virginia.....	7.1	Maine.....	2.4
North Carolina.....	7.0	Massachusetts.....	2.4
New Mexico.....	6.7	Wyoming.....	2.3
Maryland.....	6.7	Idaho.....	2.2
Missouri.....	6.5	Oregon.....	2.2
Tennessee.....	6.5	Alaska.....	2.1
Illinois.....	5.3	Wisconsin.....	2.0
West Virginia.....	5.3	Utah.....	1.9
Arizona.....	4.8	North Dakota.....	1.9
Indiana.....	4.7	New Hampshire.....	1.8
Michigan.....	4.5	South Dakota.....	1.6
Ohio.....	4.1	Vermont.....	1.3
Kentucky.....	4.0	State not specified.....	.6
Pennsylvania.....	3.6		
New Jersey.....	3.5	United States.....	5.7
Montana.....	3.4		

¹ Based on Table 11, p. 105, *Defects Found in Drafted Men.*(2)

colored troops. In every case the infection rate among the colored was much higher than among the white troops. For the entire army the rate among the colored was about five times that among the white.

The morbidity statistics for those who have been admitted to the service of the army and navy indicate that the venereal diseases are one of the chief sources of disability among soldiers and

sailors. The navy reports covering the calendar year 1919 (4) show that 33,345 individuals out of an average complement of 298,774 were admitted to sick report with venereal-disease infections. The admission rate for these diseases was 111.62 per 1000. Of this number 20,410 were admitted for gonococcus infection, 4916 for syphilis, and 8019 for chancroid. This resulted in a loss of 558,421 working days,—an average of nearly 17 days per case. The venereal diseases taken as a group accounted for approximately 18 per cent of all the admissions for diseases and 15 per cent of all sick days. But since the sailors were frequently on shore leave in foreign ports where conditions for contracting venereal diseases are more favorable than in the United States, these figures for 1919 are probably not a fair indication of the incidence of the venereal diseases in the civil population of the United States.

Contrasted with these figures are those of the army reports for the enlisted men stationed in the United States. (5) In this group out of an average strength of 306,963 men, 26,815 venereal-disease cases were reported during the year 1919. This makes an annual rate of 87.36 per 1000. There were 16,246 admissions for gonococcus infection, 6557 for syphilis, and 4012 for chancroid. About 11 per cent of all admissions to sick report were occasioned by venereal diseases. More admissions were due to gonococcus infection than were due to any other disease, except tonsilitis, bronchitis, and mumps. Sickness from these infections resulted in absence from duty amounting to 871,533 days, or 13.4 per cent of all absences on account of sickness. They caused a greater loss of time than any other disease except tuberculosis.

Venereal diseases were reported less frequently among officers than among enlisted men. In an average strength of 55,554 American officers serving in all countries, there were 1672 admissions—an annual rate of 30.10 per 1000. Six per cent of all admissions to sick report, and 6 per cent of all sick days were due to venereal diseases.

Colonel Vedder's report (6) of Wassermann surveys in various large groups of the army furnishes evidence of a greater prevalence of syphilis in the army than these reports of routine clinical

examinations would indicate. His studies have been made with painstaking accuracy upon complete groups, and are worked out in such detail that they are among the best sources we have for data on the prevalence of syphilis. In a group of 1577 white enlisted men of whom 3.4 per cent were known to have syphilis, he obtained 12.64 per cent of positive reactions. The percentage of infection was lower among the younger men and increased regularly with advancing age.

Lower infection rates were found among men of officer calibre.(7) Among 3203 candidates for commissions in the regular army, 188, or 5.86 per cent, yielded positive reactions. Vedder obtained 5.46 per cent of positive reactions among the cadets at West Point.

On the basis of his wide experience in examining men in the army, Colonel Vedder estimates that about 20 per cent of the young adult male population from which the army is recruited, have syphilis.

In recent years many groups in the civilian population have likewise been examined intensively through the use of the Wassermann reaction, and various indices of the prevalence of syphilis have been obtained. Taking all the evidence together we are inclined to agree with the estimate of the British Royal Commission on Venereal Disease (8) that no less than 10 per cent of the population of the large cities have been infected with this disease. As this is by all accounts an underestimate, and as the prevalence of infection in the rural areas is somewhat lower, this figure (10 per cent) may well prove to be a safe estimate for the country at large.

As might be expected, these figures on prevalence of syphilis vary from place to place and from group to group. Everything depends upon the social and economic status, and the age, sex, and color of the subjects examined. The figures vary from 100 per cent for some groups of prostitutes to zero or a rarity among unmarried girls of good character. Most figures quoted run high because they are for persons among whom a large proportion of syphilis may be expected, as among insane persons, tuberculosis patients, criminals, patients admitted to hospitals

or in private practice. As syphilis is clearly a factor in the defect or disability of such persons, the rates will be higher than in the population at large. Between 20 and 30 per cent of these persons appear to be syphilitic.

Since Colonel Vedder published his summaries, valuable evidence concerning the prevalence of syphilis among one class of supposedly healthy persons has been obtained through Wassermann tests given to pregnant women by many hospitals and dispensaries. These tests are given as a part of the routine procedure of admission, because it has already been established that treatment of the mother during pregnancy is a means of guarding the child against the serious consequences of a syphilitic infection acquired before birth. Among studies reporting results of these tests, the work of Dr. J. Whitridge Williams may be mentioned. Among 4000 patients in the Obstetrical Department of the Johns Hopkins Hospital, 449 or 11.2 per cent presented a positive reaction. (9) The percentage of infection was much higher among colored than among white women; 16.29 per cent of the colored and only 2.48 per cent of the white women gave positive reactions. The racial differences found in these studies are similar to differences reported elsewhere. The prevalence of syphilis among Negroes is considerable, but there is as yet no reliable index of this prevalence. Few data have been collected for Negroes in the rural areas where the majority still live and where conditions of life are not so likely to lead to the spread of venereal infection as in the cities.

There have been no similar surveys to determine the prevalence of gonorrhea in the general population, and it is almost a hopeless task to gather the data for this widely spread disease. There are so many cases that are mild and so many among young people who would naturally conceal their disease, that it is out of the question to get anything like complete reporting of gonorrhea. Much of value might result from investigation into the prevalence of gonorrhea among specific groups of the population like those of Colonel Vedder's for syphilis. But there would be many difficulties to overcome, primarily because of the present indifference of the communities to the disease.

The importance of the venereal diseases may also be gauged by the extent to which they cause death or curtail the life span.

Gonorrhea is obviously less important than syphilis in terms of mortality. It is only occasionally that an attack of this disease leads directly to a fatality. Clinical experience shows that, in most cases, the disease, if not at once arrested, takes on a chronic type and, in many instances, becomes a potent source of physical impairment and disability by way of arthritis, endocarditis, cystitis, and especially salpingitis in women. When deaths occur from any of these conditions, and there are many, it is only very rarely that the physician refers to the original gonococcus infection. It is, therefore, not surprising that the number of deaths ascribed to gonorrhea in official publications is very small indeed. In the registration area of the United States in 1919, there were reported only 621 deaths among the more than 85 million persons in the area; or, at a rate of 0.7 per 100,000. (10)

There is much better statistical material with reference to the mortality from syphilis. This disease actually kills, though rarely immediately. In addition, certain unquestionable sequelae of syphilis, such as, general paralysis of the insane and locomotor ataxia, cause many deaths. Fortunately, more and more deaths which are due to these late manifestations of syphilis are being returned as such, without much reservation. It is, therefore, possible to bring together considerable, even though incomplete material, as an indication of the mortality caused by syphilis. In the registration area of the United States in 1919 (10), there was a total of 13,861 deaths reported from syphilis, locomotor ataxia, and general paralysis of the insane combined. The rate per 100,000 for this group of syphilitic conditions was 16.3. It appears from Table 3 that even this incomplete count ranks syphilis twelfth in the list of causes of death.¹

¹ Many attempts have been made to allocate to syphilis the deaths presumably due to this disease. The method consists in assuming that a certain percentage of the deaths from certain diseases are due to syphilis. No less a clinician than Osler has tried his hand at it. (11) Thus, he took the Registrar General's report of 1915 of England and Wales and by assuming that various proportions of the diseases of the nervous and vascular systems were syphilitic in origin, and likewise a large proportion of still-births, and of deaths of infants assigned in the report to congenital debility, he concluded that 60,000 deaths

TABLE 3
DEATHS FROM LEADING CAUSES IN THE UNITED STATES
IN 1919¹

CAUSE OF DEATH	NUMBER OF DEATHS	DEATH-RATE PER 100,000 POPULATION
1. Organic diseases of the heart.....	111,579	131.0
2. Tuberculosis (total).....	106,985	125.6
3. Influenza.....	84,113	98.8
4. Bright's disease.....	69,477	81.6
5. Cancer and other malignant tumors (total)	68,551	80.5
6. Cerebral hemorrhage (apoplexy).....	65,951	77.5
7. Pneumonia (total).....	64,493	75.7'
8. Congenital debility, icterus and sclerema	44,423	52.5
9. Broncho-pneumonia.....	40,720	47.8
10. Diarrhea and ententis (under two years) ..	37,635	44.2
11. Diseases of the arteries, aretheroma, aneur- ism, etc.....	18,976	22.3
12. Syphilis, locomotor ataxia and general paralysis of the insane, combined.....	13,861	16.3
All causes.....	1,096,436	1,287.7

¹ Based on Table II, page 88, Mortality Statistics, 1919.(10)

In the experience of the Industrial Department of the Metropolitan Life Insurance Company, similar figures were obtained. The rates for syphilis, locomotor ataxia, and general paralysis of the insane for the ten-year period, 1911 to 1920, are presented in Table 4 and Chart I. The rate for the three diseases combined for the entire period was 14.2 per 100,000. The combined rate increased regularly from 11.0 in 1911 to 16.6 in 1917, this increase being registered not so much because of the increased prevalence of the disease as because of the greater effort being made to have physicians report deaths from syphilis as such. Since 1917 the

were, in fact, syphilis deaths instead of the few deaths actually reported as due to this disease. Numerous other investigators have made similar estimates but not all have had the equipment of Osler, to assume definite proportions of the deaths from certain diseases as due to syphilis. There is, therefore, the greatest variation in the guessing. The fact is, no one really knows the true percentage, but nearly every one agrees that the proportion is large, and even if the most conservative figures are taken as the most probable, we find that syphilis is converted from one of the minor to one of the most important causes of death,—one of the very first, ranking with tuberculosis, pneumonia, and heart disease.

combined rate has shown a marked decline. During this period there has been no slacking in effort to secure a true registration of syphilis deaths, and reporting practice has steadily improved. It seems probable, therefore, that there has been a decrease in mortality from syphilis. It is significant that this decline is very decided in the case of syphilis, alone, rather than in the other two diseases which are late manifestations of syphilitic infection. And further, so far as it is possible to judge from a comparison of the rates registered in single years, the difference between the rates of 1917 and 1920 appears to be chiefly accounted for by the lowering of rates in the ages between 25 and 55. This comparison is presented in Table 5. The suggestion may be ventured that these declines in the earlier and middle years of life are the result of increasing effectiveness in the treatment of syphilis. Possibly also, these declines may indicate that the effects of the measures to control this disease initiated during the war are being shown, and that the number of serious infections contracted is actually

TABLE 4
DEATH-RATES PER 100,000 FOR SYPHILIS, LOCOMOTOR ATAXIA, AND
GENERAL PARALYSIS OF THE INSANE, INDUSTRIAL DEPART-
MENT, METROPOLITAN LIFE INSURANCE COMPANY,
1911 to 1920

CAUSE OF DEATH	DEATH-RATES PER 100,000										
	1911- 1920	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911
Syphilis	8.7	7.5	7.3	8.3	12.6	11.9	11.4	9.8	6.6	5.1	3.4
Locomotor ataxia	1.3	1.0	.9	1.1	1.1	1.1	1.3	1.4	1.9	1.4	1.9
General paralysis of the insane	4.2	4.6	4.5	5.3	2.9	2.7	3.3	3.5	5.9	4.2	5.7
TOTAL	14.2	13.1	12.7	14.7	16.6	15.7	16.0	14.7	15.5	12.7	11.0

being reduced. It will be interesting indeed to watch the figures in the next decade and see whether similar or even more accentuated declines are continued.

Although physicians are reporting more accurately than ever before, it is clear that the rates for recent years represent only a small fraction of the true mortality figures for syphilis. Many

Death Rate per 100,000
from
**SYPHILIS, LOCOMOTOR ATAXIA AND
GENERAL PARALYSIS OF THE INSANE
COMBINED.**

By single calendar years.

Metropolitan Life Insurance Company
INDUSTRIAL DEPARTMENT
1911 to 1920

Death Rate
per 100,000

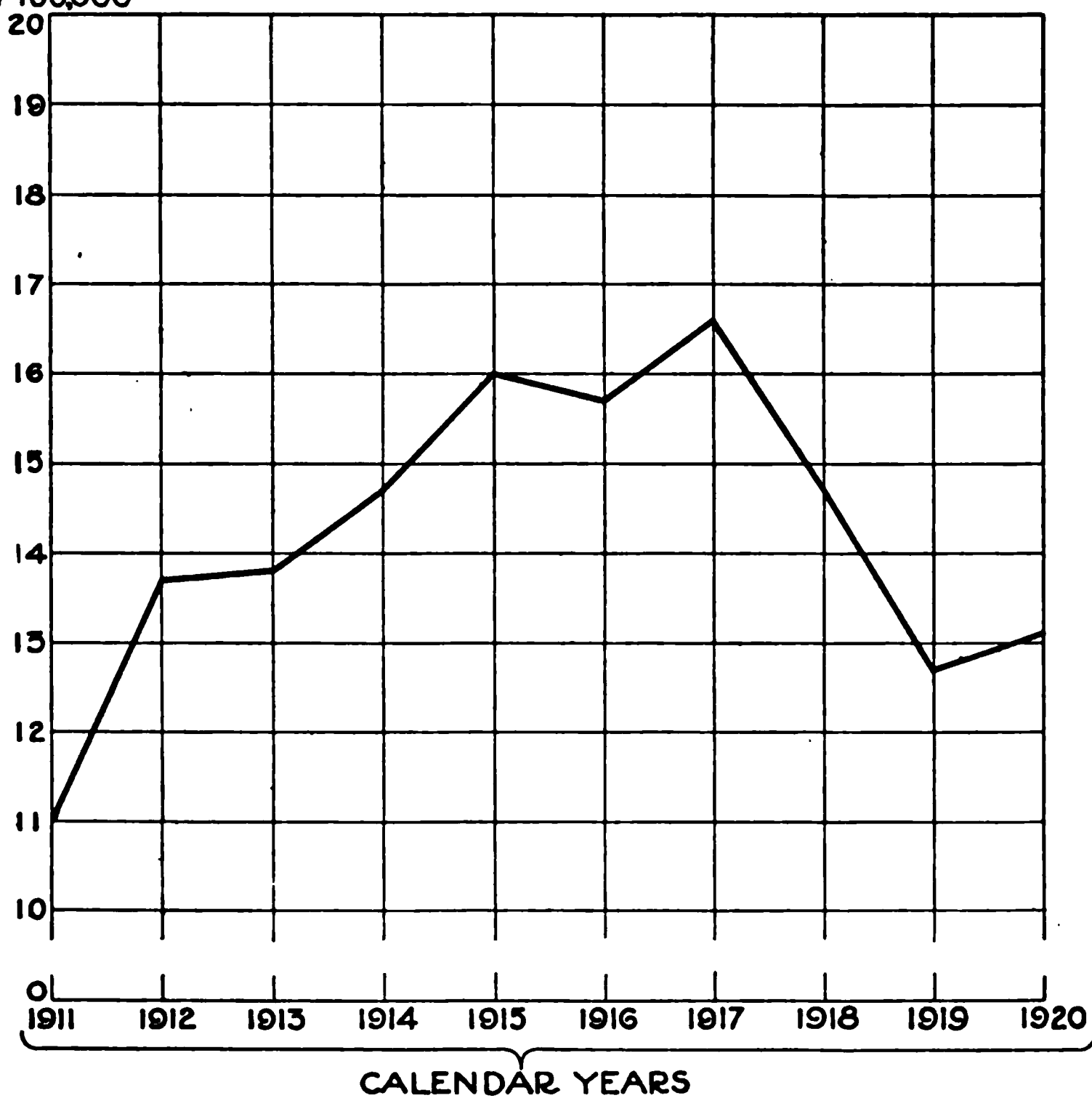


CHART I

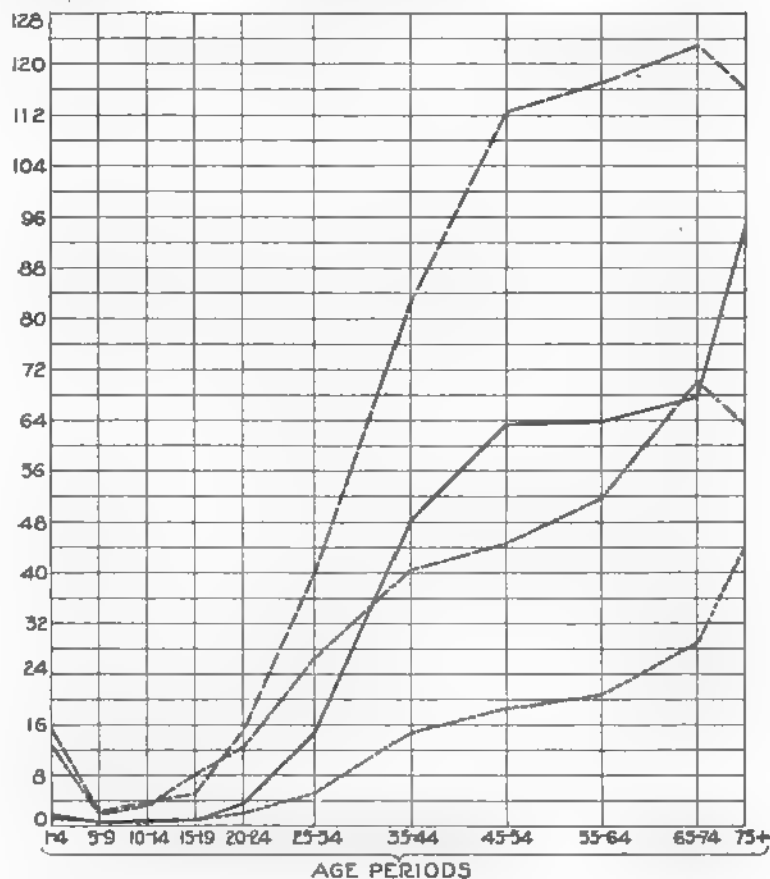
Death Rates per 100,000
from
**SYPHILIS, LOCOMOTOR ATAXIA AND
 GENERAL PARALYSIS OF THE INSANE
 COMBINED.**

By color, sex and by age periods.

Metropolitan Life Insurance Company
 INDUSTRIAL DEPARTMENT

1911 to 1920

DEATH RATE
 PER 100,000



AGE PERIODS

Legend:

White Males ————— Colored Males - - - - -
 White Females Colored Females -

CHART II

TABLE 5
DEATH RATES PER 100,000 FROM SYPHILIS,
INDUSTRIAL MORTALITY EXPERIENCE OF METROPOLITAN LIFE
INSURANCE COMPANY, BY AGE PERIODS, 1917 and 1920

AGE PERIOD	1920	1917	Percentage decline, 1920, since 1917
All ages—one and over	7.5	12.6	40.5
1 to 4	1.8	2.7	33.3
5 to 9	.3	.5	40.0
10 to 14	1.1	.8	37.5 ¹
15 to 19	1.2	1.6	25.0
20 to 24	4.1	3.4	20.6 ¹
25 to 34	8.4	14.5	42.1
35 to 44	16.9	33.7	49.9
45 to 54	21.1	38.4	45.1
55 to 64	20.5	32.1	36.1
65 to 74	15.3	23.4	34.6
75 and over	10.5	17.3	39.3

¹ Per cent increase.

physicians still report deaths from syphilis as due to other causes and especially to the secondary causes of death or the sequelae which are so often associated with it. Clinical work is showing clearly that paralysis of the insane and locomotor ataxia are not the only conditions which are syphilitic in character, but that a considerable number of other diseases are, in many instances, at least disguised manifestations of syphilitic infection. Thus, congenital debility of newly born infants is, in large measure, the result of syphilis. A very large portion of cases of aneurism is chargeable to syphilis, as are also many deaths from organic diseases of the heart, angina pectoris, etc. The more general use of the Wassermann reaction, as well as of post-mortem examinations, is bringing out the degree to which syphilis is the underlying factor in the deaths ascribed to other diseases and conditions. For a truer expression of the actual mortality rate from syphilis, we shall have to wait until we know much more definitely than at present, the proportion of the deaths assigned to these associated conditions which are, in fact, of syphilitic origin.

But even at the present time, valuable information can be obtained from a study of the syphilis death rates that are available, if we consider the deaths reported as a fair sample of the total which may some day be revealed. In this way we may get an insight into the comparative damage caused by syphilis in the two color groups, in the two sexes, and in the various age periods of life. Again, the experience of the industrial policy holders of the Metropolitan is useful. Table 6 and Chart II, show, for the ten-year period, 1911 to 1920, the number of deaths and the death rate for the races, white and colored, and for each of the sexes under each color, and by the several age periods. It is interesting to observe the very much higher rate for Negroes than for whites. In fact, the rate for the former is about three times the rate for the latter, which is consistent with the general medical impression as to the relatively greater frequency of the disease among colored people than among the whites. Moreover, the rate is uniformly higher among males than among females in both races, being about twice as high in the one sex as in the other. It is unfortunate that the figures for these insured do not include the experience of children under one year of age, where there is a very high death rate from this disease.¹ In the registration area for the years 1910 to 1915, the death-rate from syphilis in the first year of life was 137.6 per 100,000 and this is, in fact, the highest rate from syphilis for any age period during life (12). The rate drops rapidly to its minimum in the period between five and fifteen. Syphilis in early infancy is usually congenital, and very acute and frequently fatal. It is, therefore, not surprising that children at the school ages should show low rates; for those who were infected in infancy have been,

¹ Dr. J. Whitridge Williams reports that of 705 deaths occurring in a series of 10,000 consecutive deliveries 186 or 26.4 per cent were due to syphilis. In the white race syphilis caused 12.8 per cent of the deaths and in the colored 34.9 per cent and is "far and away the most common etiological factor in the production of death." (13) In a more recent study of 4000 deliveries he found that 104 or 34.4 per cent of the 302 deaths were due to syphilis. Among white infants 12.1 per cent died of this cause and among colored infants 45.2 per cent. Syphilis was the most important single cause of death and was nearly as important as the next three causes combined which together were responsible for 37.3 per cent of the deaths. (14)

to a large degree, weeded out. New infections are rare at these ages. Beginning with the age period 15 to 19, and thereafter, there is a continuous increase in the number of infections and of deaths. The syphilis deaths from this point onward are clearly the result of acquired infections. Very high rates are registered in the ages beyond 45. Among the colored males in age group 65 to 74, the very high figure 122.8 per 100,000 is reached. This is a rate which suggests tuberculosis rather than syphilis.

TABLE 6

NUMBER OF DEATHS AND DEATH-RATES PER 100,000 FOR SYPHILIS, LOCOMOTOR ATAXIA, AND GENERAL PARALYSIS OF THE INSANE, COMBINED, BY COLOR, BY SEX, AND BY AGE GROUPS. INDUSTRIAL MORTALITY EXPERIENCE OF THE METROPOLITAN LIFE INSURANCE COMPANY. 1911 to 1920

AGE PERIOD	ALL PERSONS		WHITE				COLORED			
			MALE		FEMALE		MALE		FEMALE	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All ages—one and over	14,459	14.2	6,642	16.4	3,500	7.1	2,593	46.1	1,724	25.7
1 to 4	216	2.4	79	1.8	52	1.2	46	15.4	39	12.9
5 to 9	78	.6	27	.4	29	.5	12	2.2	10	1.8
10 to 14	107	.9	41	.7	26	.5	21	3.7	19	3.2
15 to 19	168	1.5	45	.9	46	.9	28	5.1	49	8.1
20 to 24	410	4.0	141	3.5	97	2.0	85	15.3	87	12.4
25 to 34	2,115	13.0	839	14.9	425	5.3	455	40.0	396	26.6
35 to 44	3,943	33.5	1,810	48.4	876	14.8	786	82.8	471	40.5
45 to 54	3,572	41.5	1,757	63.4	841	18.6	656	112.4	318	44.5
55 to 64	2,425	42.8	1,223	63.8	631	20.8	357	117.2	214	51.7
65 to 74	1,177	49.1	559	67.7	379	28.9	131	122.8	108	70.2
75 and over	248	64.5	121	95.1	98	43.9	16	116.0	13	63.4

Another line of evidence shows also how serious syphilis is as a cause of death. The Medico-Actuarial Mortality Investigation (15) which covers the experience of the larger American life insurance companies for a period of years shows that those who admitted a history of syphilis prior to admittance to the companies, had a mortality at least 50 per cent higher than that expected according to the mortality table. In the experience of the Gotha Insurance Company of Germany (15), a series of 1778 men who had undergone treatment for syphilis and who were traced for a long period of years, likewise showed a ratio of actual to expected

mortality in excess of the table. There were 487 actual deaths against 290 expected according to the experience of the Gotha among all insured men,—the ratio of actual to expected being 168 per cent. It must be remembered that these insurance risks were carefully selected lives, many of whom had had thorough treatment for several years and had been free from symptoms prior to their acceptance. Medical directors of insurance companies are, as a class, suspicious of syphilitics. They do not expect them to be good risks and, therefore, are very careful to take only those who are in other respects very desirable applicants. An extra mortality of 50 per cent is probably a minimal figure and only an approximation to the extra mortality which prevails among syphilitics in general. It will prove a very interesting study to follow a group of known syphilitics and determine their mortality and prospective longevity very much as has been done for the tuberculous.

Even the very defective figures at our disposal confirm our initial assumption that the venereal diseases present public-health problems of first importance. There can be no longer any skepticism as to that. Fortunately, the tendency in public-health policy is to recognize their importance, but much more progress could be made if, along with the positive program of control, there were carried out a well-considered plan to gather accurate information not only of the incidence of the diseases but also of the damage they do. The program of research is every bit as important as that of immediate control of these diseases. In fact, it underlies that control as a primary condition. If more satisfactory information were at hand with reference to the incidence of these diseases, larger appropriations for their management would undoubtedly become available. Also, as information became reliable, it would be possible for the workers in the field, from time to time, to check up their success or failure in their administrative measures. It is, therefore, most important to work out comprehensive plans for the improvement of the statistical picture of the venereal diseases.

The social workers in the field of the venereal diseases are, in the last analysis, those to whom we must turn for the improve-

ment of the statistics of these conditions. They must become missionaries in popularizing the reporting of the venereal diseases as required by law. Each one in his own community must overcome the many prejudices and difficulties which today confront the reporting of these diseases. It will depend largely upon their enthusiasm whether physicians will, to an increasing degree, take seriously the requirements of the law. They should obtain the confidence of physicians and encourage them to report their cases of syphilis without disguise and without reservation. There must be a nation-wide campaign for stimulating venereal-disease reporting by physicians. Physicians will take note of such a campaign if it is continued long enough and if done in an efficient and sincere manner. The great mass of physicians would not be opposed to venereal-disease reporting, either of cases or of deaths, if they really were convinced that no harm would come to their patients and if they felt the community really wanted it. Fifty per cent of the physicians of the United States have already agreed to coöperate with the United States Public Health Service (16). The social workers can also in the various parts of the country make intensive surveys of the prevalence of the venereal diseases in the general population. This can be done in coöperation with the medical profession of their cities and must include the hospitals and dispensaries and other medical facilities of the community. In this way, it might be possible to develop an index of the prevalence of the venereal diseases over a large area of the United States which would have greater merit than the indices we now have for men only at the draft ages, made available through the recent army examinations.

Another investigation of equal importance can be carried out coöperatively through the combined activities of many syphilographers in various parts of the country, and some central agency which would serve as a statistical laboratory. It is suggested that those physicians whose practice brings them into contact with large numbers of cases of syphilis over long periods of time shall send to this central statistical office, records covering the history of their patients from the beginning of their infection through the period of treatment and, finally, to their dismissal

either through death or through clinical recovery. It is possible that many physicians will be ready to turn over the valuable material of this character, which they have accumulated through their practice. The records of the Army and of the Navy will be invaluable in this connection, for in these establishments, records of the early infection of the officer personnel are available in large numbers covering many decades. It should be possible from such a combined study to discover first, the actual mortality of persons suffering from syphilis as suggested above, and, second, the types of impairments, or rather the sequelae which follow in the course of syphilitic infection. It is conceivable that a large series of such records would show that there exists a fairly constant relationship between the syphilitic infection and the various types of syphilitic sequelae. That, for example, aneurisms and other arterial infections follow in a certain proportion of the initial syphilitic lesions; that locomotor ataxia results in a certain proportion of the cases; that, similarly, general paralysis of the insane, organic heart disease, and other conditions follow in a certain number of infections. Such a study must be based upon a large number of cases distributed over a wide area of the country, and must take cognizance of the statistical requirements of age, sex, and race of the individuals included. This would permit the conversion, ultimately, of the crude mortality figures as annually published, into truer measures of syphilis mortality. There would also be any number of valuable by-products from such a study which would justify the expenditures of money and of effort.

The statistics of venereal diseases are at the beginning of their development. They have been, for the most part, descriptive rather than analytic in character. But, elementary as they have been, they have served very materially to develop the campaign of social hygiene. Much still remains to be done in this important field of public health work. The development of the program will require not only a larger mass of accurate and fundamental data but will call for higher methods of statistical analysis than have heretofore been necessary. Special problems of research will tax the ingenuity of the most skillful technicians. The statistician

will find more and more opportunity for active coöperation with the practical workers in the field of venereal disease, and the two groups should work more cordially together.

BIBLIOGRAPHY

1. UNITED STATES PUBLIC HEALTH SERVICE. *Report of the Surgeon General for the Fiscal Year, 1920.* Washington, Government Printing Office, 1920.
2. LOVE, ALBERT G. and DAVENPORT, CHARLES B. *Defects Found in Drafted Men* Washington, Government Printing Office, 1920.
3. UNITED STATES ARMY. *Report of the Surgeon General to the Secretary of War, 1919* Washington, Government Printing Office, 1919.
4. UNITED STATES NAVY. *Report of the Surgeon General to the Secretary of the Navy, 1920.* Washington, Government Printing Office, 1920.
5. UNITED STATES ARMY. *Report of the Surgeon General to the Secretary of War, 1920.* Washington, Government Printing Office, 1920.
6. VEDDER, EDWARD B. *The Prevalence of Syphilis in the Army.* Washington, Government Printing Office, 1915. (Office of the Surgeon General, Bulletin no. 8.)
7. VEDDER, EDWARD B. *Syphilis and Public Health.* Philadelphia, Lea and Febiger, 1918.
8. GREAT BRITAIN. ROYAL COMMISSION ON VENEREAL DISEASES. *Final Report of the Commissioners.* London, Eyre and Spottiswoode, 1916.
9. WILLIAMS, J. WHITRIDGE. "The Value of the Wassermann Reaction in Obstetrics," based upon the Study of 4547 Cases. *Bulletin of Johns Hopkins Hospital*, vol. 31, no. 10, October, 1920.
10. UNITED STATES CENSUS BUREAU. *Mortality Statistics, 1919.* Washington, Government Printing Office, 1921.
11. OSLER, SIR WILLIAM. "The Campaign against Syphilis." *The Lancet*, vol. 192, no. 4891, May 26, 1917.
12. DUBLIN, LOUIS I. "The Mortality of Childhood." *Quarterly Publications of the American Statistical Association*, vol. 16, no. 121, March, 1918.
13. WILLIAMS, J. WHITRIDGE. "The Limitations and Possibilities of Prenatal Care, based upon the Study of 705 Fetal Deaths Occurring in 10,000 Consecutive Admissions to the Obstetrical Department of the Johns Hopkins Hospital." *Transactions of the Fifth Annual Meeting of the American Association for the Study and Prevention of Infant Mortality*, Boston, 1914. Baltimore, 1915.
14. WILLIAMS, J. WHITRIDGE. "The Significance of Syphilis in Prenatal Care and in the Causation of Fetal Death." *Bulletin of Johns Hopkins Hospital*, vol. 31, no. 5, May, 1920.
15. MEDICO-ACTUARIAL MORTALITY INVESTIGATION, vol. 4. New York, Association of Life Insurance Directors and the Actuarial Society of America, 1914.
16. UNITED STATES PUBLIC HEALTH SERVICE. "Two Years Fighting V.D." Washington, 1921. (V.D. Bulletin no. 65).

INTERNATIONAL VENEREAL-DISEASE STATISTICS

KNUD STOUMAN

Chief, Department of Vital Statistics, League of Red Cross Societies, Geneva, Switzerland

Although few diseases have attracted more public interest than have the venereal diseases, we have nowhere less reliable statistical data than regarding these. Numerous data on the prevalence of venereal diseases are published in popular pamphlets and discussions but the value of most of these is found practically nil when critically examined by the experienced statistician.

The reason for this lack of reliable information is first of all to be found in the usual way of transmission of these diseases, which associates them with a moral stigma; add to this the fact that, with the exception of one country, the certification of a cause of death is not attended by absolute secrecy, and the impossibility of obtaining complete statistical data becomes apparent. The venereal diseases are among the most important factors in public health, and their after-effects and complications are numerous and often difficult to trace, but they occur rarely as the direct and only cause of death—a fact which adds considerably to our difficulties. The statistics which we possess may be of a certain value, however, when we bear constantly in mind their limitations and avoid any too general and sweeping deductions.

The only quite complete morbidity statistics of venereal diseases are army and navy medical reports, and these data are of considerable assistance in determining the movement of the diseases and particularly the efficacy of various treatments; we cannot, however, make any valid deductions from these data as to the prevalence among the civilian population because of the special conditions under which soldiers and sailors are living. When the soldiers are not conscript but professional, as in Great Britain and the United States, the difference becomes still more

evident, and such armies will show, as a rule, a higher proportion of venereal diseases than the conscript armies and navies. In studying the secular movement of the frequency inside the same army, care should be taken to recognize the influence of new prophylactic and other restrictive measures.

Physical examination for the army of conscripts probably provides the best measures for the prevalence of venereal diseases because it gives a cross-section of all the classes of society. It should be noted, however, that it gives the incidence among men only at a certain particular age, and by applying the crude rate of frequency to the total population a serious overestimate is made. It is also important to know how the physical examination is performed, particularly whether the entire program is always carried out or whether one evident disqualification for military service will preclude the remainder of the examination.

Inside the same nation, where the method of procedure is uniform, the geographical distribution of venereal diseases will be rather well defined upon a basis of these data. In the United States of America it was clearly established through the examination for war service of drafted men that venereal diseases were far more prevalent in the southern states than in the northern or western regions. The highest incidence was found in Florida where the percentage of venereal infection found among the second million of drafted men was as high as 16.3, while the corresponding proportion for the state of Vermont was only 1.3 per cent. When such statistics are properly prepared they will give valuable information regarding the prevalence of venereal infection among the various classes and racial groups of the population, about the influence of city life under its various forms, overcrowding of living quarters, and so on.

Attempts have been made here and there to enforce notification of all cases of venereal diseases, but a high reporting efficiency has never yet been reached. The principal reason is that the medical profession as a rule considers absolute secrecy necessary for the effective treatment of the greatest possible number of cases; it is certain that a great number of cases will present themselves for treatment only when they feel quite safe against pub-

licity. Denmark and Norway have for a number of years made notification of all cases to the board of health compulsory upon hospitals and private practitioners, but the data are not considered reliable. Notification is required in most states of the United States but with dubious results; the highest percentage of efficiency seems to be reached in Massachusetts, where perhaps two thirds of the cases are actually notified, while in several states ninety-nine per cent of the cases evidently are not reported. In this connection returns from hospitals and clinics may be mentioned; these are of most interest because of their exact diagnosis and history and may throw important light upon the use of various treatments, but no deduction can be made from these to apply to the prevalence among the whole population because the patients will not, as a rule represent a typical average composition.

In discussing the value of mortality statistics in regard to venereal diseases the first point to consider is the method of registration because that will be a decisive factor with all diseases in which a certain feeling of shame is involved. As the registration methods are not alike in any two countries, the greatest care must be taken not to make hasty international comparisons. It would be well here to consider the various forms and complications of each disease in detail.

No fundamental change in the classification of venereal diseases was introduced at the Third Decennial Revision of the International Nomenclature which took place at Paris, October 11-14, 1920; certain minor improvements were made, however.

Syphilis and gonorrhea as direct causes of death are classified as before, under epidemic, endemic, and infectious diseases, while the complications or later stages of local manifestations are classified under the diseases of the various organs. This system has been maintained because generally it does not appear from the death certificate whether a disease has been of syphilitic origin or not, the majority of certificates stating only such causes as "cirrhosis of liver," etc. Subdivisions have been recommended, however, in order to indicate the origin whenever stated, but this will not, at the present time, give any complete informa-

tion. Certain diseases principally due to venereal infection have been assigned separate numbers, as for instance, salpingitis.

Syphilis may be hereditary or acquired. Most deaths certified as due directly to syphilis are from the congenital form and occur chiefly during the first half year of life. The incidence among illegitimate children is generally about ten times as high as among legitimate children, though some part of this difference is undoubtedly explained by the indifferent secrecy observed in the case of illegitimate children, and the certification for these accordingly is more exact. It is certain that not all infant deaths due to syphilis are registered as such but that many are classified under the headings of various congenital debilities, while many cases of atrophy and debility probably are due to a history of syphilis without its being possible to make the definite diagnosis.

Syphilis is an important factor in producing stillbirths or miscarriages, but in few countries are stillbirths registered carefully, and in still fewer localities is any attempt made to determine the apparent cause of the stillbirth. A careful registration of stillbirths with their circumstances is one of the open problems of vital statistics which should be solved in the near future.

In the later stages of syphilis other complaints arise, especially in the form of insanity known as general paralysis of the insane, and locomotor ataxia (*tabes dorsalis*). Syphilis has also a serious influence upon the circulatory system and particularly aneurism of the aorta is almost always syphilitic. The general public does not recognize these diseases as syphilitic nor object to them on the death certificate, and they are, therefore, registered fairly completely, at least to such an extent as the diagnoses have been rightly made.

General paralysis of the insane causes the highest mortality of the above-mentioned three diseases, but it has not as a rule been registered as a distinct cause of death for more than about twenty years, which has been the case also with locomotor ataxia. The most valuable data regarding general paralysis of the insane is furnished by the records of lunacy asylums, as indeed such statistics are of great importance in any study of syphilis. When exact examinations have been made, the inmates of hospitals and

asylums for the insane always show an elevated percentage of positive reactions for the Wassermann test, which indicates the importance of syphilis as a cause of mental derangement.

Our data for aneurism generally cover a longer period of years, but the difficulty of exact diagnosis makes the earlier data less reliable. Up to the time of the war no increase of these three causes of deaths has been generally observed, which coincides with the opinion of many practitioners that venereal diseases are not increasing, and that at least the severe forms of syphilis are becoming less frequent. It would be well to impress upon physicians the desirability of including on the death certificate, particularly in the case of heart diseases, any pre-history of syphilis known to them.

Our means to decide the prevalence of gonorrhea are still more imperfect than is the case with syphilis. Where treatment is not free and absolutely secret, many cases will never come to physicians for proper treatment, and the complications are less defined and constant than is the case with syphilis. There is no doubt that a high proportion of the special complaints of women has been due to a past attack of gonorrhea, and many diseases of the urinary system among men are due to an imperfectly cured gonorrheal infection. The best measure of prevalence is probably secured from the notification of ophthalmia neonatorum, which is obligatory in most countries and which is generally enforced because of the serious menace which it constitutes to the eyesight of the infant. Its actual prevalence is much influenced, however, by the care with which prophylactic measures are applied.

Besides the above-mentioned data there are available miscellaneous statistics of interest in the study of venereal diseases, such as reports of police and prison authorities and examinations for life insurance, but none of these data give a typical sample of the population.

Special investigations have been made from time to time. We must thus mention a census of venereal diseases which was held in Austria from November 15 to December 14, 1920, by the Ministry of Public Health. All the 6000 Austrian physicians

received forms, which when filled out and tabulated will give exact information of all cases under treatment. Professional secrecy will be observed and the names of the patients will not be communicated to the authorities.

We must thus admit that our knowledge of the actual prevalence of venereal infections is very incomplete. Practically all physicians and statisticians¹ agree that strict secrecy must be observed in the registration of causes of deaths in order to obtain data of any value regarding these diseases which, no doubt, play a very important rôle in the general health of society.

¹ While this is generally true on the Continent of Europe, it does not hold for the United States of America, where many public-health authorities hold opposite views. —*Ed. Note.*

THE PRESENT PREVALENCE OF VENEREAL DISEASES

LAWRENCE MARCUS

National Health Council

How much venereal disease is there in the United States? This question has frequently been asked by workers in the field of social hygiene, and by all who are interested in public health. A few have not been interested in having this question answered, taking the attitude that "Sufficient unto the day is the evil thereof." There is venereal disease. How much is there? We do not know, but there is enough to keep our energies directed to eradicating it for a long time, possibly for all of our natural lives. If there is enough to warrant working on the problem for a long time to come, why waste good energy trying to find out how much there is? It need hardly be pointed out to those who are working on social problems that such an attitude of *laissez faire* is a nearsighted one, and does not encourage successful attack.

The organized plan begins with a survey of conditions as they are, and provides a program for modifying these conditions. It also provides for a periodic re-survey to determine what progress has been made and what the problem is at any one time. We are living in a dynamic society; nothing stands still. Some forces change at such a rate of speed that they cannot be accurately measured. All we may hope for is a picture of conditions as they are, another picture at some later date, and a comparison of the two pictures to see in what direction and to what extent change has taken place between the two dates.

In a long-time social movement in which the objective is to direct and mould human behavior, and which requires the employment of a force large enough to overcome social inertia, it appears that a carefully planned campaign should contain the following elements:

- (a) *A survey* of conditions as they are, to determine the magnitude and the direction of the fluid force which it is proposed to alter in size and in direction.
- (b) *A program*. A definition of the objective, including a plan stating what the main objective is, what the preliminary points to be gained are, what the tools and methods are to be, the sequence of the points to be attained, all on a schedule of, let us say, five years.
- (c) *Testing* the effectiveness of the various tools and methods contained in the plan of attack.
- (d) *A re-survey* to determine conditions after five years of campaigning to decide whether territory has been gained, or lost, whether in view of changing social conditions certain objectives were not better yielded in order to make the most out of the changed situation.

Let us turn our attention to the first step as it would be applied to the anti-venereal disease fight. How much venereal disease is there? Individuals have estimated, on the basis of their experience and of figures which were apparently never critically inspected,¹ that the prevalence of venereal disease ranges from 2 per cent to 80 per cent of the entire population.

Some of these individuals have behaved like the seven blind men who, being anxious "to see" an elephant, were led up to one. After feeling that part of the elephant which was nearest to him,

¹ It is, of course, recognized that data which are gathered at first-hand under the best conditions, and which are tabulated, calculated for central tendencies, and checked by a competent force will yield more reliable results than if these desiderata are lacking. If now, we may adjust conditions further and choose for the problem one in which measures are objective, with a minimum of the personal equation, we have ideal conditions. The ideal is rarely attained. By the same token it is agreed that such data are to be preferred to: 1. data collected under circumstances in which the personal equation entered to a considerable degree; 2. data based on reliable second-hand sources; 3. re-interpreting the data collected by others with a procedure which is not clear; 4. estimating on the basis of the work of others, arriving at a new figure without knowing the degree of accuracy of the various elements.

Although it is generally recognized that a first-hand survey with conditions controlled, with errors eliminated, and the extent of the personal equation determined, would be preferable to a condition such as that described under 4 above, it seems probable, after reading the various estimates of individual workers in the field, that even such an imperfect methodology as 4 would give us an estimate more reliable than any single opinion, regardless of the number of years of individual practice and experience on which it was based.

each blind man reported his notion of an elephant. The one who had felt of the elephant's trunk reported that an elephant is like a snake; the one who had touched the elephant's leg claimed that an elephant is like a tree; the one who had felt the elephant's side insisted that his elephant resembled the side of a house, and so on for seven separate and sincere versions.

Of course, most of those who have studied special groups have guarded against such generalizations. Most of the other studies made are based on certain special groups, and the author usually is careful to state that the estimate which he proposes after studying his special group should not be mistaken for an estimate of the prevalence or incidence of venereal disease in the entire community. The psychology of the average lay reader is such, however, that this admonition is soon forgotten, and the only impression left is that Dr. Blank reported, in an article fairly bristling with tables and figures, that "there is 37 per cent of syphilis" in the group which he studied. Soon this last modifying clause, "in the group which he studied," is lost to sight and what remains is "venereal disease—37%." For this reason it appears to be desirable at this time to attempt an estimate of the number of cases of venereal disease that would be found on any one day by an examination of the entire population of the United States. No brief is held for the validity of the final estimate. There may be data in the process of being collected or in the private files of physicians and clinics which are more accurate than the data to be presented, and on which a more reliable estimate of the prevalence of venereal disease in the United States could be based. Let this thesis stand rather as a target to be aimed at by those who have valid criticism of the method, or who have more accurate basic data which should be substituted for the data presented herein. The writer wishes to take this opportunity, however, to caution the reader against claiming a greater accuracy for this estimate than he himself would claim.

It may be interesting to report here a few of the more reliable estimates already published.

As a result of some studies made upon the prevalence of syphilis among soldiers of the "old army," that is, the army before the World

War, Vedder estimates that there is 20 per cent of syphilitic infection among the young adult male population of the class from which the army was recruited.

Charles S. Banks, of the United States Public Health Service, estimates that $2\frac{1}{2}$ per cent of the general population of the United States is venereally infected.

The report of the British Royal Commission on Venereal Disease, 1916, concludes: "While unable to arrive at positive figures, the evidence shows . . . the number of persons who have been infected with syphilis, acquired or congenital, cannot fall below 10 per cent of the whole population or in the large cities, and the per cent affected with gonorrhea must greatly exceed this proportion."

The Surgeon General of the Army reports that of the second million drafted men who were passed by the local draft boards and arrived at camp, 5.6 per cent had one or more venereal diseases at the time of examination.

Let us review these for the purpose of determining how representative a section of the total population was studied in order to get the figures quoted above.

Vedder's estimate of 20 per cent is based on a group of young men who were not a fair sample of the population. The old army was not representative; it was composed of men who were not very keen competitors in the civilian game. They were careless of social approval and their standards of conduct were not those of the average young American, such, for instance, as came into the army to make up the second million of drafted men.

Banks proceeded to arrive at his figure in the following way. From records of patients in marine hospitals, he reported that 8.45 per cent among sailors were venereally diseased. He then got a ratio of the sailors to the total male population in the United States over fifteen years of age. At the rate of 8.45 per cent he estimated that the total infections among adult males in the United States was 2,431,988. He then reasoned that if the Jack Tar, who is "a rover, every ready for a free fight, free rum, or free love," is eight per cent infected, it is fair to say that not more than five per cent of the adult males can be properly under

¹ See Appendix I.

suspicion as actual venereal victims. He apparently very gallantly releases all the females from venereal infection, for, he concludes, we may start on our campaign of prevention "by saying that we have to meet with nearly two and a half million cases of venereal disease annually treated in the United States—about one person in every forty."

The following is a quotation from a report of the Surgeon General of the Army, prepared by Love and Davenport, entitled, *Defects Found in Drafted Men, 1920*, page 34.¹

There is no justification for the exaggerated statements made by propagandists of the presence of 10 per cent or more of men infected in the United States. No conservative estimate can possibly replace or add anything to the result of the individual examination of nearly a million men which has led to the figure 5.6 per cent just quoted.

Let us see. Can we "add anything" to the figure 5.6 per cent and thereby arrive at an estimate of the extent of venereal disease *in the entire population* rather than in the special group which yielded this figure? To begin with, possibly we had better inspect "the best available figure" to gauge its accuracy; and then see what errors confront us in adjusting the Surgeon General's report to cover the total population. We must make certain assumptions.

Under military conditions, can we assume that the medical officers in the army camps whose duty it was to examine the incoming recruits were able by inspection to determine the presence of venereal disease? The possible and probable errors to which the medical officers were liable are discussed in Appendix II.²

¹ See Appendix I.

² Another force which should be taken into consideration is the unusual conditions under which the recruit lived just prior to his arrival in camp. The habits and customs of a lifetime were being left behind; new situations were about to confront the young fellow, most of which were associated with death and battle. There was something of the "wild-west" setting in the pictures which the average recruit was conjuring in his mind. Perhaps the swashbuckler's attitude was adopted by many a hitherto relatively mild young man, and it is small wonder that he affected a bit of a swagger. Under these conditions it is not surprising to find a certain number of the youngsters seeking a "final fling" before entering into the army discipline and restraint.

Under civilian conditions, does the infected person always appear for examination or treatment so that he may be recorded? Does the examining physician invariably recognize a case of venereal disease? Does the physician report all cases that come to his attention, and if not, toward what groups in the community does he show partiality in omitting a report? In case of a laboratory examination, is the same technique always used in arriving at a reaction so that reports of different investigators are comparable?

To these possible inaccuracies may be added other errors of the usual sort, ranging from reading the diagnosis incorrectly to misplacing a stack of record cards. We must bear these possible errors in mind when we examine the data which are available (see Appendix I) and which may be adjusted in the light of possible errors to give a sound estimate of the amount of venereal disease in the United States at any one time.

Consider the first of the possible errors above-mentioned, i.e., Does the examining medical officer know by inspection which men are venereally diseased? The data on this point warrant a negative answer, but the amount of error which enters into the diagnosis is not certain. We know from studies which Vedder made that out of a group of recruits yielding 1.53 per cent of syphilis upon examination by inspection, those passed as having no venereal disease proved on later (laboratory) examination to be venereally diseased in 16.77 per cent of the cases. The ratio of "recognized" syphilis to "unrecognized" syphilis was 1.53 to 16.77, or 1 to 11. This ratio will be used later in estimating the extent of "clinically unrecognized" syphilis in the second million drafted men. Unfortunately an index such as this, which is an invaluable one for our purpose, cannot be found for gonorrhea.

Not all were dominated by this force, however, for it must be kept in mind that many came from their homes with a mother's or sweetheart's farewell, and carried many high resolutions into camp with them. The average young man was probably too busy saying good-by to his legitimate friends to have very much time left to contract venereal disease. In the absence of concrete evidence to show that an unusual number of exposures occurred among draftees before going to camp, this factor will not be used to modify the findings of the Surgeon General's Report.

We have no means of judging the relative efficiency of the clinical method of diagnosis of gonorrhea as compared with the stain method of complement fixation, other than by pooling the opinions of various genito-urinary specialists.

The testimony of physicians who were in direct charge of the genito-urinary examination of recruits leads us to place the index for inefficiency of the clinical examination of gonorrhea a little higher than the analogous index for syphilis, i.e., about 20 per cent gonorrhea undetected. It is realized that these estimates of the effectiveness of clinical diagnosis form one of the weakest links in our chain, and it is for this reason that we cannot arrive with certainty at a final figure, but must content ourselves with stating that our final estimate falls within a certain range.

Turning now to the data which we have, let us proceed to build out of them an estimate of the amount of disease found on any one day. The reasoning is as follows:

We know that of the males 21 to 30 years old who made up the "second million," regardless of color or occupation, 5.669 per cent were infected with a venereal disease. Postponing the adjustment of errors for the time being, we find this to indicate that there are in the United States 568,000 young men between 20 and 30 with a venereal infection (on the basis of the 1920 census). What proportion of all cases of venereal disease do these 568,000 represent?

To reply to a question of proportion with another proportion, we may say that the answer is the product of the proportion of venereal males to all venereal cases, multiplied by the proportion of venereals 20-30 years of age to all venereals.

To translate,¹ we know:

¹ To make the procedure clear, let us take a hypothetical case in which the actual number of 12-year-old boys in a certain school is known by count. The statement is also made that the 12-year-old boys represent 10 per cent of the total number of pupils in the school. The question is, how many pupils are there in the school? The procedure here would be simple: to find out what 1 per cent of the school population is by dividing the number of 12-year-old boys by 10 and then multiplying this by 100 to find out what the total school population is. In this case we do not seek to find out how many 13-year-olds there are in the school; nor how many there are under six years of age; nor how many girls there are over six; nor how many of them are blond as against the number of brunettes.

- (a) Venereal disease among males is approximately 3 times as prevalent as among females. $\left(\frac{\text{Males}}{\text{Total V.D.}} = \frac{3}{4}\right).$

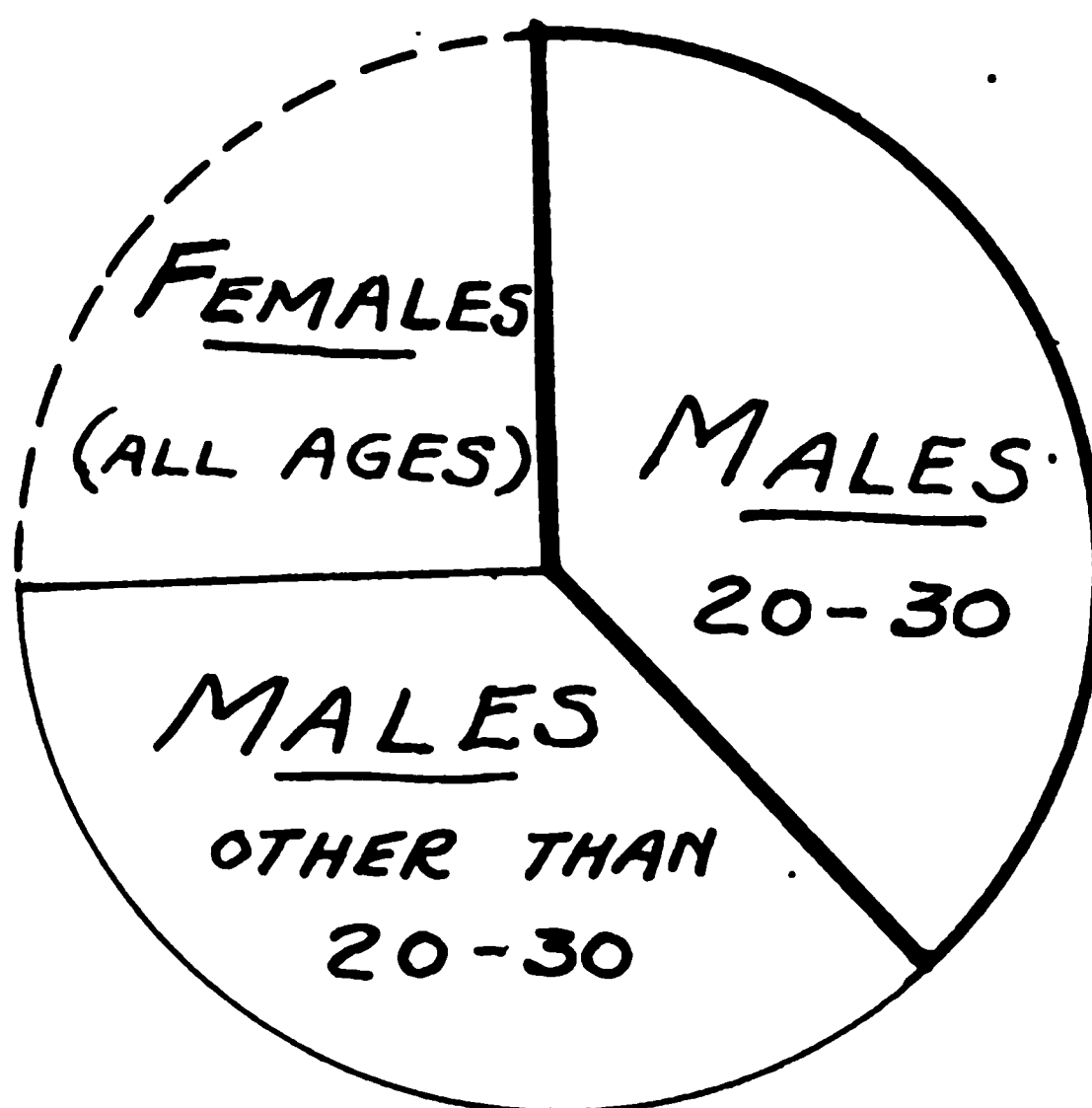
Therefore the males contribute $\frac{3}{4}$ of all venereal disease.

- (b) The 20-30 age group includes $\frac{1}{2}$ of all the venereals, which may be represented thus: $\frac{20-30}{\text{Total V.D.}} = \frac{1}{2}.$

Therefore the group of males 20-30 contains $\frac{3}{4} \times \frac{1}{2}$ or $\frac{3}{8}$ of all venereal infections. If 568,000 represents $\frac{3}{8}$ of all venereal infections, then in the entire country there would be 1,515,000 cases of venereal infection. An attempt is made to show this graphically below.

In attempting to explain the procedure, we have taken liberties with the facts. Let us now refine these broad statements.

CHART I



We have given the two facts: (1) that the 12-year-olds are a certain number, and (2) that these represent a certain per cent of the total. Similarly, in our problem, we know the number of venereally diseased males between 20 and 30, and we know the proportion that this is of the total number of infections. Assuming the accuracy of these data, which we shall examine later, the problem is one in simple arithmetic.

The first thing to determine is what proportion of those venereally infected are males between 20 and 30 years of age. From the State Health Department reports of Georgia, Minnesota, and Texas,¹ and a report from the city of Hartford, as well as the reports of Indiana² and 14 extra-cantonment zones, it appears that the proportion of males who are infected to females infected within the age group of 20 to 30, is: 75 males to 25 females. From these reports also we derive the information that of all cases reported by physicians to their state health officer according to the law, 48.2 per cent fell within the 20-30 age group.

This 48.2 per cent is divided into a 3 to 1 ratio according to sex, and the males are therefore responsible for 75 per cent of the number allotted to this group. That is, the males between 20 and 30 are charged with 36.2 per cent of the total number of infections.

According to the Surgeon General's report, 1.05 per cent of syphilis was found in the second million drafted men. To this must be added the "clinically unrecognized" syphilis, which is 11 times the "recognized" rate, or 11.55 per cent of those passed as uninfected. Therefore, of the 94.4 per cent who were accepted as being without venereal disease, 11.55 per cent had syphilis. The total syphilis infections, then, are 1.05 per cent plus 11.55 per cent, or 12.6 per cent.

Now for the undiscovered cases of gonorrhea. Of the remaining 87.4 per cent, it is estimated that 20 per cent of those who had been passed as being without gonorrhea actually had gonorrhea which would have been detected by proper serological technique. To summarize, then, the total number infected thus far is:

¹ See Appendix I.

² In extracting these figures from the reports cited, the weighted average was, of course, used. In the case of the Indiana State Board and the extra-cantonment zone reports, the figures were quoted on the basis of "age at onset" and the Texas report contained no sex distribution, so that these were left out of the "age" and "sex" averages respectively. It may be of interest here to observe that our figures of 75 and 25 as the proportion of males and females infected are verified by A. Busch on a basis of 73,000 cases in 37 large cities of Germany in two months of 1913. The proportions 74 to 26 are also reported by Blaschko as the condition in Berlin in November and December, 1919, number of cases not given.

	Per cent
Recognized syphilis	1.05
Unrecognized “	11.55
Recognized gonorrhea ¹	4.62
Unrecognized “	16.58
	———
Total	33.80

The number of those who had combinations of gonorrhea, syphilis, and chancroid, or any two of these, is 5 per cent of the total cases of venereal disease, or roughly 2 per cent of the total, which must be subtracted as duplication. This gives 31.8 per cent as the number of males between 20 and 30 years of age who are infected with a venereal disease.²

This means that of approximately 9,980,000 males between 20 and 30, 3,170,000 are venereally infected.³ If 36.2 per cent of all those infected with venereal disease equals 3,170,000, then all of the infections total 8,450,000. On the basis of the 1920 census, which placed the population at approximately 104,000,000, this would mean that 8.12 per cent of the entire population have a venereal disease or a combination of several venereal diseases. Broken up into types, the 8.12 per cent is roughly divided into $1\frac{3}{4}$ per cent syphilis, about $6\frac{1}{4}$ per cent gonorrhea, and $\frac{1}{4}$ per cent chancroid.

From the formidable list of possible errors, which has been hidden in the appendix (see page 452 ff) it is evident that the figure 8.12 per cent is open to criticism. Further, since this list does not exhaust all the possible errors, we must recognize the fact

¹ This includes also chancroid.

² 1920 Census.

³ Mention must be made of the cases which were so acute that they never were permitted to arrive at camp, but were rejected by local draft boards. The figures reported in the Surgeon General's report show that 1.57 per thousand were rejected for venereal defects by local boards, but this is based on the report covering both the first and second million. We must bear in mind that the instructions covering the medical examinations were much more rigid in the first million men and therefore, of this 1.57 per thousand, probably the greater number of rejections were contributed by the doctors examining the first million men. If we were working with greater accuracy, the proportional figure, about 1/10 per cent, would be added to the total number of infections, but since the error of the other elements is greater than 1/10 per cent, this factor has been considered negligible.

that, if anything, the accuracy is lower than is evidenced by the errors listed above. There is, however, an optimistic note which must not be overlooked, and that is that the greatest adjustment was made in the case of the 20-30 age group of males, when the figure 5.669 per cent was raised to 31.8 per cent. Since this adjustment is made within the age group which is only 10 per cent of the total population and since our figure 8.12 per cent represents the total population, we may see that an error of 10 per cent in making the first adjustment would be reduced to 1 per cent of the final figure. To make this clear, let us assume that we had erred 30 per cent in raising the venereal disease rate of the 20-30 male group to 31.8 per cent. When this is translated into terms of the whole population, it would mean that an error of 3 per cent had been made.

With this in mind, we may make a final estimate, by stating that the amount of venereal disease that can be found in the United States on any one day, in all persons, regardless of age or sex, is 8.12 per cent. This figure is true within, let us say, 2 per cent. That is, the actual percentage might be anywhere between 6.12 and 10.12. This does not tell us how many seek treatment, how many are cured, whether any of the venereal diseases may be "thrown off" without treatment, how many are venereally diseased, how many "have or have had" a venereal disease; besides a host of other groupings which might be asked for.

In conclusion 8.12 per cent is being put forward as the figure representing the present prevalence of venereal diseases in the United States quite as much for the purpose of presenting the method which has been used to arrive at this figure as to present the figure itself. By showing the difficulties which are met in attempting to estimate on a basis of data of unknown accuracy, the plea for a more careful recording of their experiences by physicians, clinicians, and health officers may be made the more effective. With physicians coöperating in reporting, with clinics studying their cases systematically, with health officers insisting on greater coöperation from the physicians within their territories, it would not be long before we would have first-hand data that would be more firmly built on actual fact, and which would not

~~for~~

need the bolstering up of various estimates and indices of accuracy and efficiency that we have had to employ in arriving at the figure given.

APPENDIX I

Sources:

- (a) The 1910 and 1920 Census reports.
- (b) The War Department report *Defects Found in Drafted Men*, Government Printing Office, 1920, giving statistical information compiled from the draft records showing the physical condition of the men registered and examined in pursuance of the requirements of the Selective Service Act. This shows (1) the number of men out of the second million drafted who were venereally diseased at the time of examination in the camps; (2) the per cent of those found with syphilis; (3) the per cent of those found with gonorrhea; (4) the per cent of those found with chancroid; (5) the number of men who were rejected by the local boards for physical disability, and were prevented from getting to the army camp.
- (c) Report by Feezer of cases reported in Minnesota to the State Board of Health from August 1, 1918 to July 1, 1919, showing distribution by age and sex.
- (d) Reports of the state health officer of Georgia, giving an analysis of the venereal disease reports in Georgia during 1919, showing the distribution by age, sex, and color.
- (e) Synopsis and history of the Bureau of Venereal Diseases, State Board of Health, Austin, Texas, from its organization, Jan. 1, 1920, showing the distribution by age, but not sex.
- (f) U. S. Public Health Service Reports, showing distribution by sex and by age at time of onset. These are: Volume 35, No. 52, reporting 8413 Illinois State Board cases; Volume 35, page 2046, showing 2302 cases reported in fourteen extra-cantonment zones.
- (g) "The Prevalence of Syphilis in the Army," by Col. Edward B. Vedder, Office of the Surgeon General, June, 1915, Bulletin 8. This shows the number of men who are found to be infected with syphilis after having passed an examination for entrance into the army by army doctors. The criterion of syphilis here used is the accepted laboratory test, i.e., the Wassermann reaction. This article is of value, since it gives us a measure of the efficiency of the examining doctors in detecting syphilis.

APPENDIX II

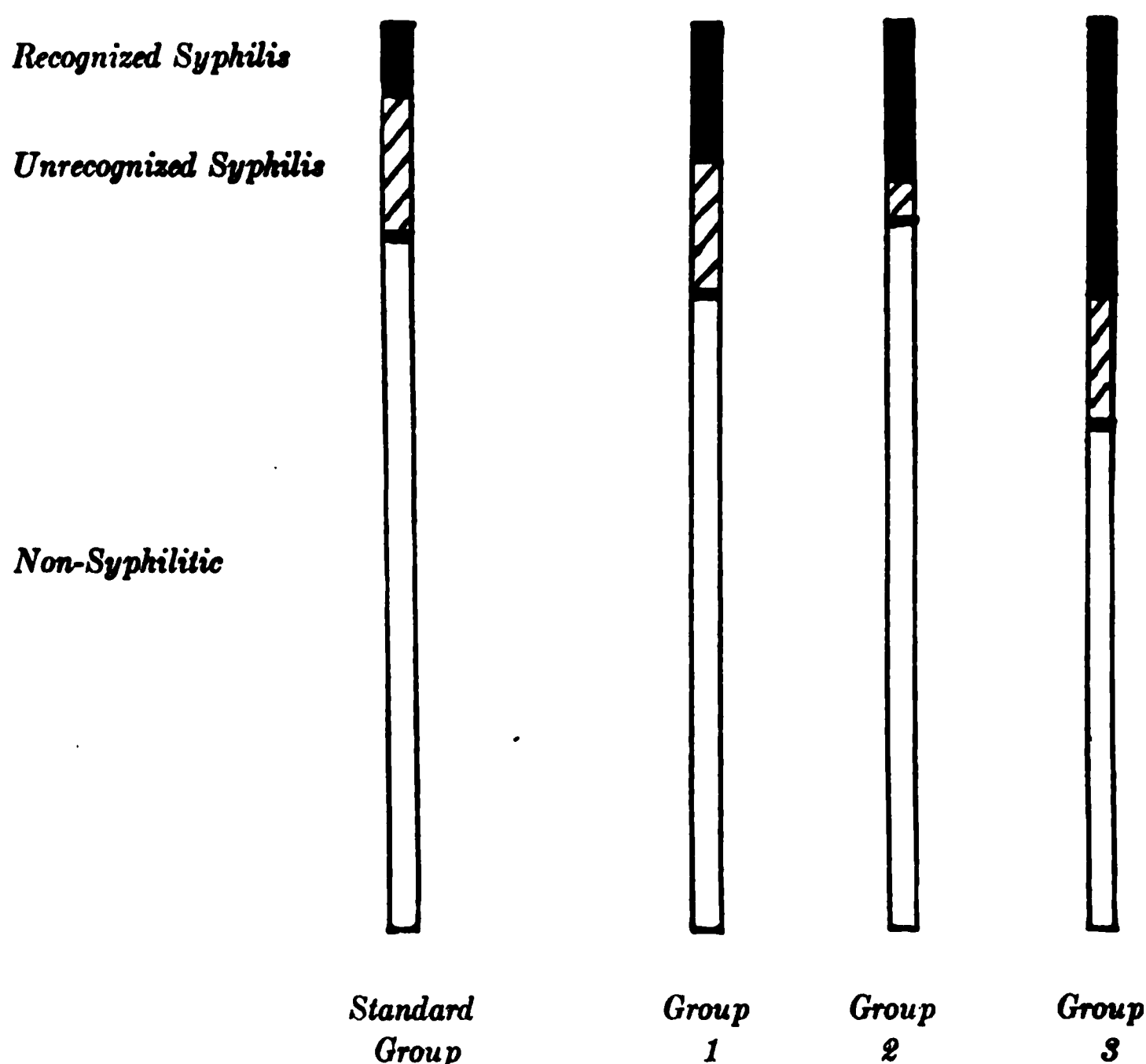
If we accept, for the moment, 8.12 per cent, let us review the errors to which this is liable and let us estimate the magnitude of each.

We have taken the prime figure 5.669 per cent and raised it to 31.8 per cent. This was done on the basis of one study of the efficiency of diagnosis of syphilis when applied to a single group, the group of men who applied for enlistment in the old army. The question is raised as to whether or not this is a fair group to use as the basis of the index of diagnostic efficiency. If these men are venereally diseased in *greater* proportion than the men who were examined in the draft, will they not reveal a greater proportion of syphilis upon serological examination, as well as yielding more syphilitics upon clinical examination?

This may be clearer if we chart the possible conditions. In the diagram below, the bar on the left is used as the standard, and the others are compared with it. *R*, *U*, and *Non S* represent "Recognized Syphilis," "Unrecognized Syphilis," and "Non-Syphilitic," respectively. Bars 1, 2, and 3 are compared with the standard as follows:

The standard being a group with a certain amount of recognized and unrecognized syphilis, bar 1 is compared with it and we observe that in this group (group 1) there is more *recognized* syphilis as well as more *unrecognized* syphilis. Is this the situation, or does the next figure, (group 2) describe the true condition? Group 2 shows a greater amount of *recognized* syphilis than the standard, but a lesser amount of *unrecognized* syphilis. Group 1 shows that *R* syphilis and *U* syphilis fluctuate with each other, and vary in the same direction, (more *R* accompanied by more *U*). Group 2 illustrates *R* and *U* syphilis, each fluctuating in opposite directions.

CHART II



There is still a third possibility as follows: There may be a constant amount of unrecognized syphilis present (here shown as the same amount of *U* as the standard) regardless of the amount of syphilis recognized. That is, the diagnosis of syphilis may be such that the recognizable cases are all above the level marked on Chart 2 as recognizable; those below this level always yielding the same per cent of syphilitics. The weakness of this assumption becomes evident when we ask ourselves the following question. Would all groups, regardless of sex or age, show 16.77 per cent of unrecognized syphilis, unrecognized syphilis being syphilis which is present according to serological examination but not recognized on inspection. From this we might have to conclude that although a group of infants show less than 1 per cent infection upon clinical examination, syphilis is found in 16.77 per cent of the group upon laboratory test.

This is absurd, and we may turn to the others for a more probable solution. Consider figure 2 and the condition which it represents: When two groups are compared, would the group showing less syphilis be really *more* syphilized? This is hardly probable, and by elimination we must come to our third and most plausible situation, namely, that "unrecognized" syphilis fluctuates by age and sex groups in the same direction as the "recognized" rate. Whether the rates vary proportionately in magnitude as well as being in the same direction cannot be deduced from the evidence in hand. To be certain of the answer would require further intensive studies of many groups. We have assumed here that the relationship between clinically recognized syphilis and clinically unrecognized syphilis in two groups is $\frac{S'r}{S'u} = \frac{S''r}{S''u} = \frac{S'''r}{S'''u}$, where r is the recognized and u is the unrecognized per cent, and S' , S'' , and S''' are three groups differing in age and sex. This is merely an assumption, for it may well be that the following relationship is true: $\frac{S'r}{S'u} = \frac{S''r}{S''u} K = \frac{S'''r}{S'''u} C$, etc. The constants K and C are probably always less than 1; in the case of Vedder's group, the constant is $\frac{1}{11}$.

APPENDIX III

- (a) Another adjustment which was made was for gonorrhea. This index is chargeable with the same weaknesses as was the index of "diagnostic efficiency of syphilis." Besides this, we do not have any definite study of gonorrheal cases such as Vedder's study of syphilitics. We have had to be content with the estimates of those who are expert in the diagnosis of gonorrhea by virtue of wide experience. The index was further adjusted by viewing the reports showing the number of venereal admissions in one cantonment without, however, giving the troop movements in the camps during this period.
- (b) Regarding the reporting of venereal disease, and the question as to whether certain groups by virtue of standing in the community, age, or marital relationship, would be shielded by the attending physician, it seems least likely that discrimination would be made on the basis of age. It is probable, however, that if discrimination is at all present, it would be in the direction of favoring those who were of prominent or wealthy families in the community, regardless of age or sex. It is likely also that regardless of social standing, the average doctor would be less ready to report a venereal disease in a female patient than in a male patient. Further, although no special discrimination might be made, based on age, it is readily believable that a mature patient who had attained prominence in the community, would be shielded by the doctor more willingly than would be the young man in the course of "sowing his wild oats."

To sum up then, it seems reasonable that in reporting venereal disease, the male 20-30 group would bear the greatest burden in the community, that is, they would be reported most often. There is no possible index of the degree of discrimination. For this reason, no effort has been made to adjust this, but the presence of discrimination is strongly suggested by the fact that the males between 20 and 30 are charged with 36.2 per cent of reported venereal disease.

- (c) Besides the question of discrimination, we are confronted with the following question: Does every person who has venereal disease go to a physician for treatment? It may

be that some of the older persons infected with venereal disease do not go to a physician but bear the annoyances of venereal disease disability without seeking actively to eradicate them. The young men used to a more strenuous life, and requiring a higher physical tone, go to a physician for treatment in greater numbers. If this were true, then the proportion of venereal disease as reported by age groups would not reflect existing venereal disease, and our estimate would be considerably distorted.

APPENDIX IV

To conclude with yet another reservation (and this may strain even the 2 per cent allowed on page 451): It is highly probable, from experience with "rejects" that the applicants rejected were a poorer selection physically. The number among them who were infected with a venereal disease but not considered in the figure 5.669 per cent (such as the rejects of the first million), must be kept in mind as a force tending to raise the figure 8.12 per cent.

AGE, SEX, AND MARRIAGE IN RELATION TO INCIDENCE

RAYMOND S. PATTERSON

Bureau of Venereal Disease Control, State Department of Health, Trenton, New Jersey

We know the venereal rate of the army and of many of our institutions; we have the results of routine examinations in some hospitals; and we have limited data on restricted groups; but for the incidence of venereal disease in the general population we have only a great mass of estimates and opinions. Within recent years most of the states have required venereal diseases to be reported either by name or code number and we are beginning to accumulate valuable statistics which, in time, will convince the public of the prevalence of gonorrhea and syphilis; enable us to determine the success of public-health activities in the control of these diseases; and give a better knowledge of the conditions and causes affecting the transmission of venereal disease.

Venereal diseases were made reportable in New Jersey in 1917. Practicing physicians and the directors of institutions are required to report to the State Department of Health the names of persons infected with a venereal disease; but by no means all of the physicians are obeying this law. A few physicians are no doubt ignorant of the requirements, in spite of efforts to make the law known to the profession, and others are quite frank in stating that they do not report; but the majority of the progressive physicians of the state realize the value of morbidity statistics and are helping in the fight to control the diseases by submitting reports on all cases.

While the reports of cases of venereal disease for the year ending December 30, 1920¹ exceeded in number the reports of cases of tuberculosis received during that year, they are still so incom-

¹ The statistics are prepared by the New Jersey State Department of Health, Bureau of Local Health Administration.

plete that they are of little value in indicating the total number of infections. We know that many persons who suffer from venereal disease attempt self-medication and are not treated by physicians, and although the number of physicians reporting cases of venereal disease is increasing steadily, we know that many physicians do not report their cases. Though the statistics may be incomplete and therefore of little value regarding total infections, they come from such a large number of physicians from rural and urban districts in all parts of the state, that they are of value in analyzing the relation of venereal disease to age, sex, and marital condition. The age groups used in this analysis are the arbitrary groups used in the United States census report in denoting the marital condition of the population. Only the reports received during the two-year period ending June 30, 1921, are considered in this study, in order to avoid any error which might be occasioned by the presence of non-resident troops or the absence of any large part of the population in the service of the government.

FIGURE 1. THE RELATION OF GONORRHEA AND SYPHILIS IN SIX AGE GROUPS -- REPORTS FOR TWO YEARS ENDING JUNE 30, 1921

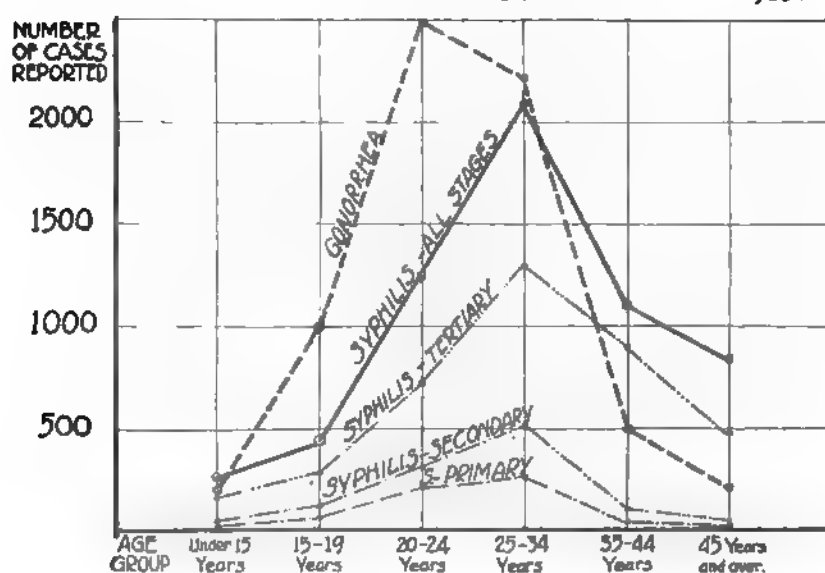
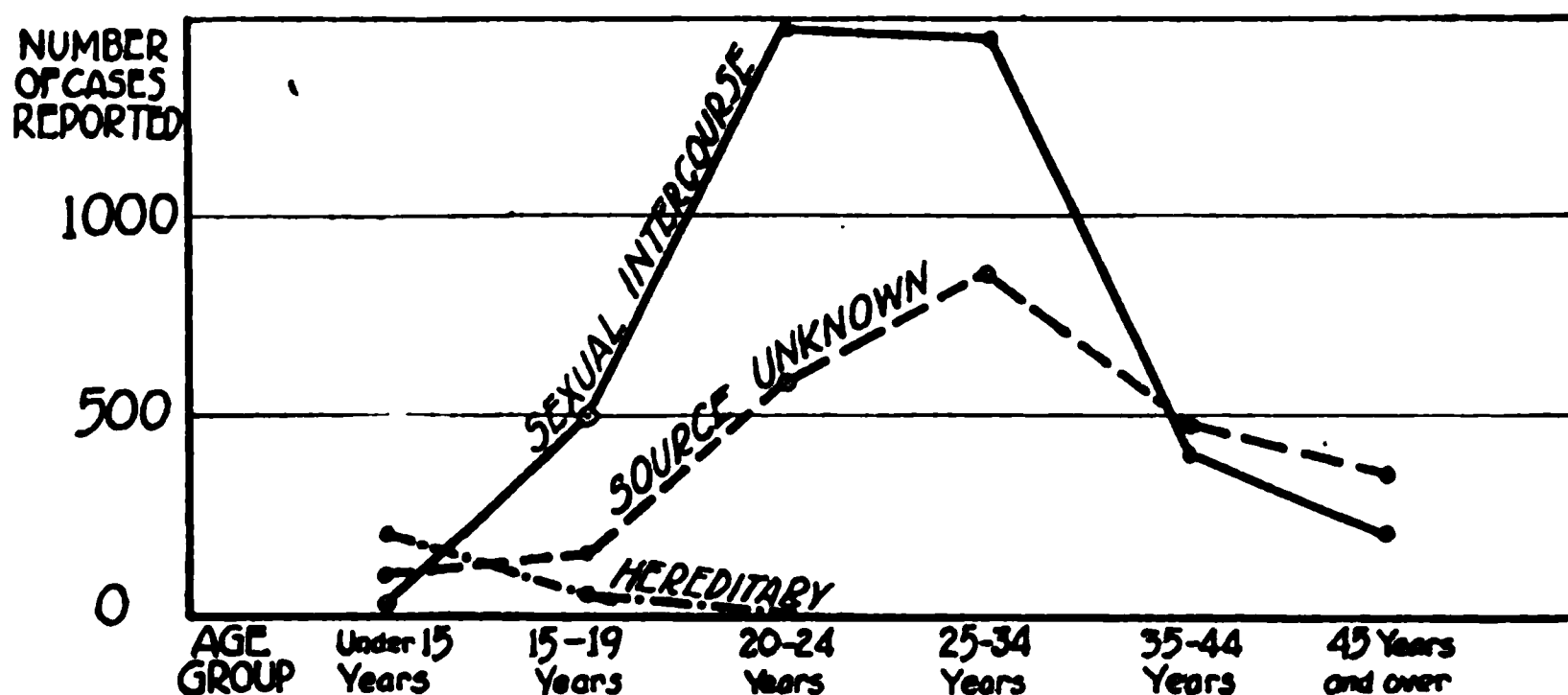


Figure 1 indicates the relations of gonorrhea and syphilis (in all its stages) in the various age groups. It is interesting to note that while the curve of gonorrheal infections reaches its peak in the 20-24 year age group, the curves of all the stages of syphilis do not reach their peaks until the 25-34 year age group. This difference would be expected in the tertiary stage of syphilis and perhaps in the total of all syphilis, but it is not so easily explained in the case of the early stages of syphilis.

As the 25-34 year age group is that in which the greatest number of marriages occur, the increase in syphilis infections contrasted to the decrease in gonorrhea would indicate, either that persons who are infected with syphilis more frequently infect their partners than do persons who may have contracted gonorrhea, or the reason may be that more married persons who are infected with syphilis seek medical treatment than those suffering from gonorrhea. While it is true that gonorrhea in women frequently remains undiagnosed, the first hypothesis is probably the more nearly correct, for while latent syphilis is less infectious, it is commonly infective for a longer period than is gonorrhea. On the other hand, the factor of the extragenital infection in syphilis can not be ignored and since the number of these usually innocent infections would have little relation to age grouping, it may be that the extragenital infection plays its part in continuing the rise in syphilis when gonorrhea is on a decline.

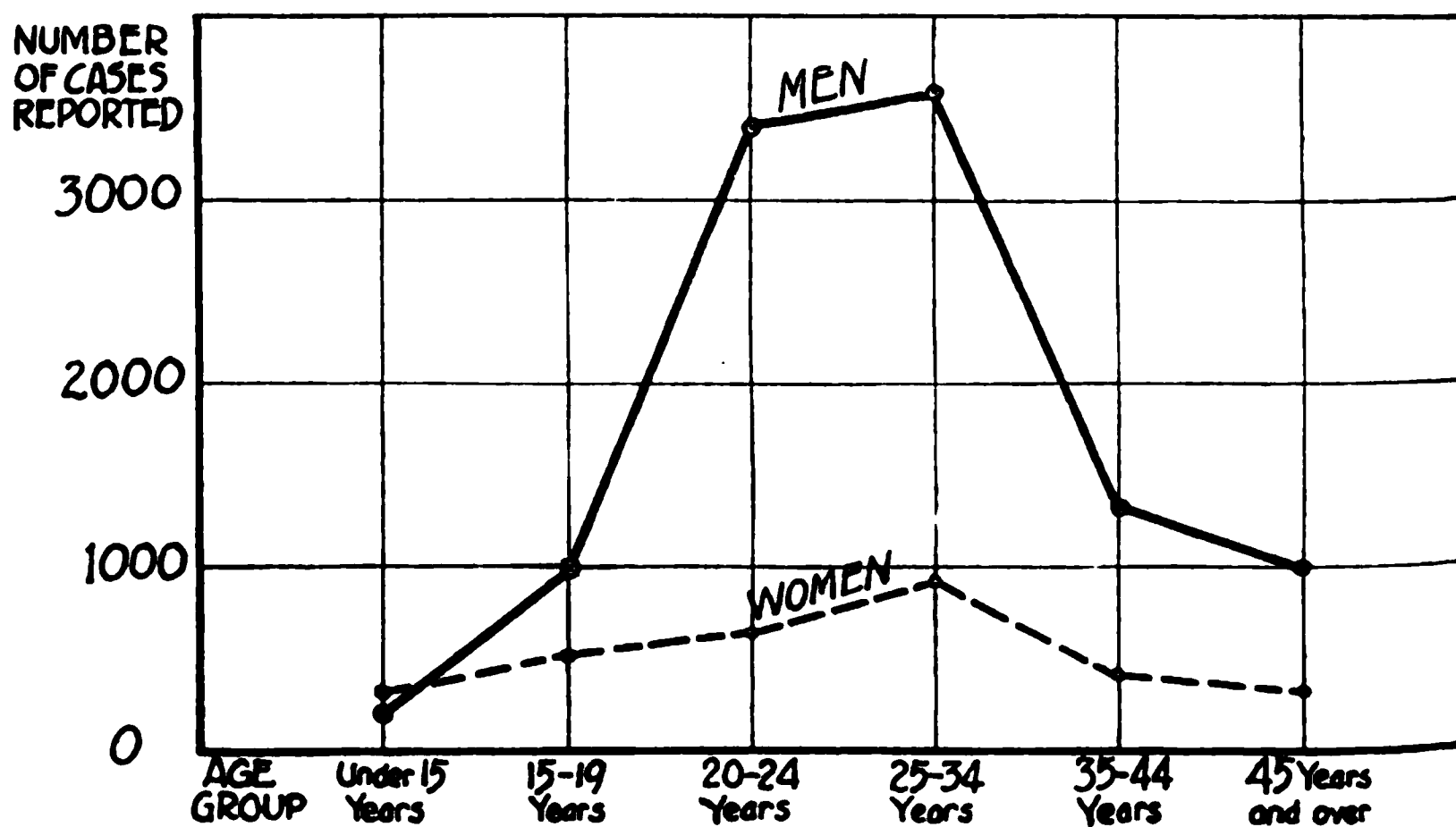
The influence of the extragenital infection is seen in Figure 2, in which the number of infections through sexual intercourse reaches its peak in the 20-24 year age group while the "unknown infections," which may contain the same proportion of extragenital infections throughout the various groups, continue to rise until the next age group is reached. There is no question but that, because of misrepresentation of patients, "unknown infections" includes many cases in which the disease was acquired through illicit intercourse; on the other hand it includes the really innocent infections, and this factor may be the cause for the diversion of the "unknown" curve from the path taken by the "sexual intercourse" curve. The hereditary infections are plotted to point out the importance which heredo-syphilis assumes in the early age groups.

FIGURE 2. SOURCES OF VENEREAL INFECTIONS



The curves indicating the relation of the incidence of diseases in the two sexes are illuminating (see Figure 3). The most outstanding feature is the disproportion in the amount of infection in the male as against that in the female. That venereal infection in women should exceed that in men in the first age group might be expected because of the earlier sexual development in the female. The significant fact indicated by this figure is that while the male curve breaks from its sharp ascent after the 20-24 year group is passed, the female curve continues its rise at a

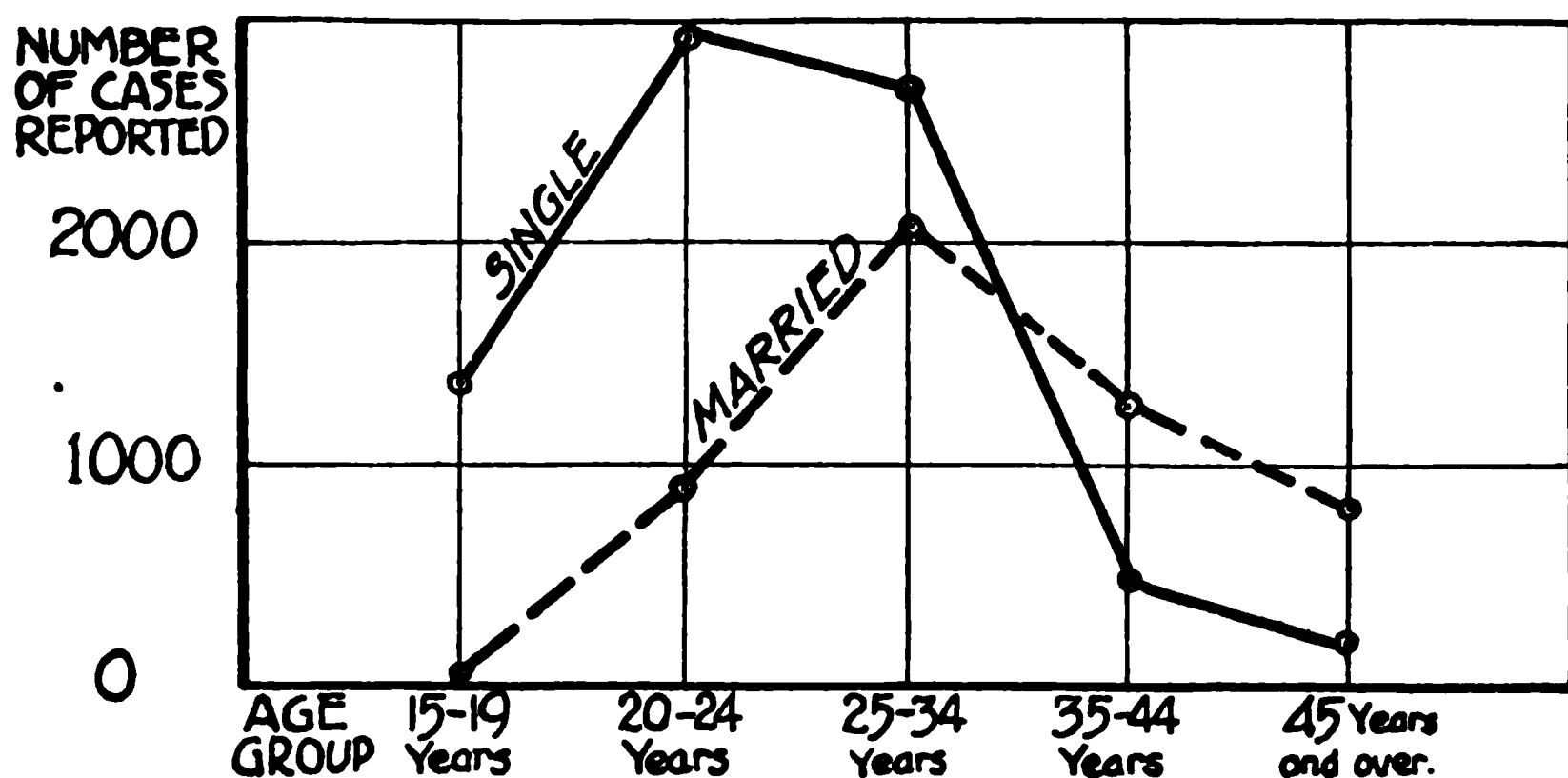
FIGURE 3. THE RELATION OF VENEREAL DISEASE TO SEX



sharper angle until the next age group is reached, supporting the hypothesis that the infection of the wife by a diseased husband after marriage plays an important part in the spread of venereal disease.

The relation of marriage to the spread of venereal disease has been discussed frequently and at length. The development of modern industrialism has made early marriage difficult on economic grounds, and one of the reasons why this condition frequently has been decried is that early marriage tends to lower the incidence of venereal disease. The observation that marriage lessens the spread of venereal disease has not been based on incontrovertible statistics for, in the past, we have not had sufficient data on which to base the assertion, but the truth of it seems obvious. The sexual appetite in man is strongest in the twenties and early thirties and venereal statistics indicate that if it is not gratified through the marital relation, a great number of men will resort to illicit sexual relations and thus expose themselves to venereal infection. The truth of the conclusion that early marriage tends to lessen the incidence of venereal disease is so obvious that it has been accepted without statistical proof, but now that we have statistics it is interesting to compare them with our accepted beliefs.

FIGURE 4.- INCIDENCE OF VENEREAL DISEASE IN THE MARRIED AND SINGLE POPULATION



The total number of infections among the unmarried is greater than that among the married but the curve (see Figure 4) indicating the number of married persons reported as infected crosses the "single" curve after the 25-34 age group is reached. Since there are nearly four times as many infections among the unmarried as there are among the married in the 20-24 year age group, the value of early marriage is apparent, though a superficial inspection of the curves might give the impression that marriage increases rather than decreases the number of venereal-disease infections in the later age groups. If, however, we take the number of married and unmarried persons in each of the age groups as shown in the 1910 United States Census in New Jersey and determine the proportion of married and single persons who are reported as infected with venereal disease, we get a far different picture.

FIGURE 5. PER CENT OF INFECTIONS IN THE MARRIED AND SINGLE -BASED ON THE 1910 U. S. CENSUS REPORT

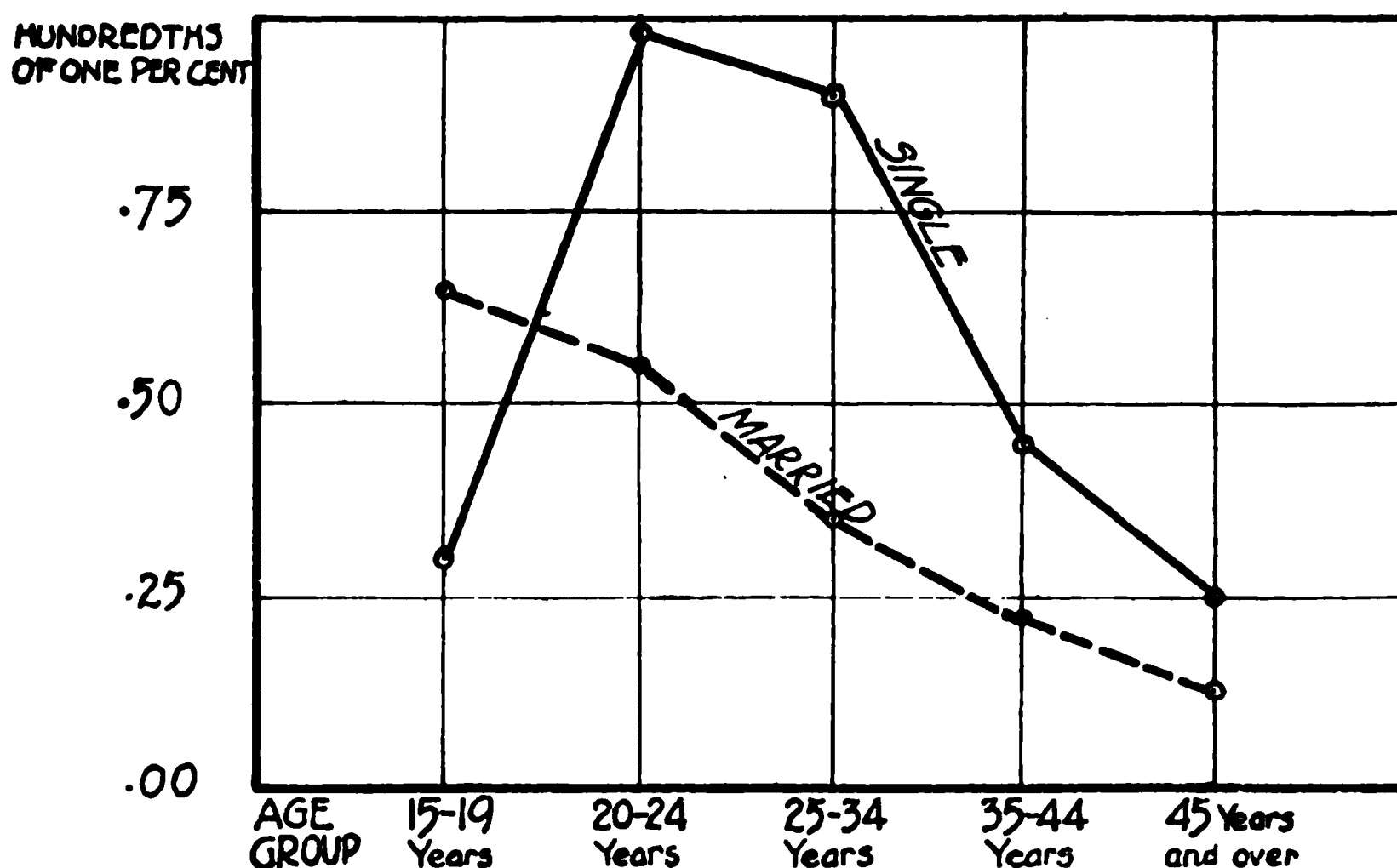


Figure 5 indicates that in the 20-24 year age group, venereal diseases are almost twice as common among the single as among the married, in the 25-34 year age group they are nearly three times as common among the single as among the married, and

that these proportions hold throughout the remainder of life. This is not true of the first age group, 15-19 years, for here the percentage of infections among the married is more than twice the percentage of infections among the single. While the total number reported is so small that there is a large factor of error, and for that reason the age group might better be ignored, it is possible to account for the high percentage among the married by the possibility that men who marry before the age of nineteen (there were only 754) may be sexually precocious and that the danger of venereal infection among them and hence to their brides would be greater than among the single men at this age. Since the desirability of early marriage would hardly include the marriage of minors under nineteen years of age, this inconsistency can be ignored. These statistics, therefore, support the statement that early marriage is desirable from the standpoint of venereal-disease control.

BOOK REVIEWS

SEX: FOR PARENTS AND TEACHERS. By William Leland Stowell, M.D.
New York: Macmillan Company, 1921. 204 p.

There is much that is admirable in Dr. Stowell's book, but it is permissible to question whether it is really of special value for teachers except for its excellent illustrations. Sex education is now more than a quarter of a century old and many books have been widely circulated which have more concrete suggestions and practical advice to teachers and even to parents. Dr. Stowell has, however, written a sound and conventional book along lines of the so-called biological approach and teachers as well as parents who have not been previously acquainted with writings on the subject will find it informing and accurate. The illustrations are numerous and drawn with care. The Easter lily, the corn, the silk-worm, the bee, the fish, the bird, a mammal, and man—all the usual materials of approach are there.

It is when one reads the generalities to which the author has confined himself in the chapters devoted to method, that a sense of disappointment is felt. It would seem that more definite instructions could have been given as to how "the mother of discretion and the teacher of good common sense will surely be able to convey them (the facts of reproduction, sex, and parenthood) with a delicacy of manner that will make the proper impression on the child."

The author's advice regarding the importance of safeguarding the growing boy against the undermining influences of questionable companionship is excellent, but here again one is left wondering how, exactly, is the parent to persuade the boy to do anything so foreign to boy nature as to quit his bunch? "Encourage your son," says the author, "to take a firm stand against low language and especially to avoid companions of questionable morals. If he cannot impress his crowd with the advantages of clean speech and a chivalrous attitude toward girls, he should leave it and seek to join a new bunch." How is this proper bunch to be found? What, in terms understood by a boy, are the advantages of clean speech, and how is the parent to present them to a real live boy? "Positive results," the author concludes, "can be accomplished by positive efforts," but nowhere does he go into detail as to ways and means of arriving at results.

Reviews in this quarterly are intended for those specially interested in its field and attempt to give, in the opinion of the reviewer, a fair picture of the contents of a book in relation to fact, originality, and influence. In the opinion of this reviewer, the book is dependable as to fact, is not original as to plan, and can be judged as to influence only by the test of time.

It is significant that Dr. Stowell is a physician of note who was induced to write this book because of the widespread conviction that the public has not yet found the type of book it wants. Its publication by such a responsible firm as the Macmillan Company may be considered as a further practical endeavor to meet the steadily growing recognition by both parents and teachers that somehow, in some way the right sex education and character training must be given our boys and girls of each succeeding generation.

R. K. G.

THE COMMUNITY HEALTH PROBLEM. By Athel Campbell Burnham, M. D. New York: Macmillan Company, 1920. 149 p.

It is refreshing to meet in these all too brief pages a physician who has the social point of view and discusses health as a community problem. Dr. Burnham's sympathy is wholly with the newer social medicine. In the chapters of his comprehensive little book are sketched a variety of socialized activities—control of tuberculosis, reëducation of war and industrial cripples, the gradual growth of self-sufficient health centers, the Social Unit experiment, and large-scale endowed health demonstrations. The suggestions range from definite social-hygiene policies—adapted to each community and rigorously carried through—to a federal department of health with cabinet representation.

The space of a chapter is devoted to social hygiene. Here Dr. Burnham's optimistic statement that venereal diseases are "all more or less easily curable," is open to question unless further qualified. Venereal disease clinics at public expense are upheld as preferable to no treatment. Instruction about sex dangers to children leaving grammar school, is also advised.

"Social ostracism," Dr. Burnham insists, "as a therapeutic measure in the cure of venereal disease, has always been and always will be, a failure. It is in line with modern social progress to divorce entirely the moral from the medical in the treatment of disease." Other obstructions taken into account are socio-economic factors which obscure the purely medical aspect of venereal disease; an incidence so widespread that quarantine is impracticable; cases often so mild, or threatening such social disgrace, as to be carefully concealed; and at times even popular resentment against repressive measures.

Social hygiene is only one of the many health movements outlined in a way which should prove interesting to the social worker, public-health nurse, or practicing physician. Workmen's compensation insurance has introduced new conceptions of community responsibility for health. The business value of industrial medicine Dr. Burnham declares fully demonstrated. Industrial medicine at its best, he believes comes the nearest to a practical form of health control adapted for entire communities. It is somewhat disconcerting, however, to find in a book otherwise commendable for its broad social concepts, the United States Steel Corporation with its twelve-hour day and high accident rate, referred to as a "more progressive" organization.

On the basis of the assembled evidence, Dr. Burnham does not hesitate to charge private medical practice with "partial failure."

Throwing aside all "professional" cant, he says in plain words that private practitioners as a whole, neither appreciate community problems nor reach the *bulk* of the people with proper medical care. Immersed in an out-of-date system, outdistanced by modern specialization and the use of elaborate equipment, they must look to coöperation for a way out. In place of the present competitive system "charging what the traffic will bear," he recommends that they coöperate, at an equable cost, with specialists and medical laboratories.

In every great movement a period of education precedes a general public demand. Eventually, an attractive public health service paying adequate salaries to physicians, Dr. Burnham concludes, would probably work out along much the same lines as public education. Believing a certain measure of governmental control inevitable, he welcomes state medicine as "intended primarily for the prevention of disease and for the benefit of those who are unable to pay for treatment under the present system."

W. L. DEALEY

HUSBANDS AND WIVES. By Arthur Belleville McCoid. Chicago: St Hubert Publishing Company, 1921. 270 p.

This book is evidently written by a man who has had many years of experience in courts of domestic relations, and who has formed from this experience certain conclusions as to the more common obstacles to married happiness. He summarizes the results of his years of observation in eighteen short and simple chapters, where anecdote is varied by advice, and the general tenor of which can be guessed from the chapter headings. These headings range from "Sympathy," "Companionship," and "Jealousy," to "The Mistress," "Children," and "The Coming Woman." The book is easy reading and might be a good volume to place in the hands of unsophisticated people making some of the more obvious mistakes of adaptation to each other. On the other hand, although the advice is sound, and the author gives one the impression of being genuinely anxious to improve the conditions of home life, it is hard to believe that the book was only published in April, 1921. One would be likely to guess that it had been written many years ago. The institution of marriage is referred to as the "holy sanctuary of peace, harmony, and love," all of which it should ideally be, but practically is not in many instances, or the book would be unnecessary. The question of children is dismissed with stories of this and that child, but

with no hint of the relation of children to crowded city life, limited incomes, eugenics, or birth control. The chapter on the coming woman is largely imaginary speech made by Eve to Adam, in language as flowery as the garden in which it was presumably uttered. Because of these limitations, the book seems somewhat too shallow for its large title, and not calculated to influence thoughtful minds. However, as a short statement of the commonplace pitfalls of family life, and kindly advice toward avoiding them, it is a good book for people who are not ready for a stronger diet.

ELEANOR ROWLAND WEMBRIDGE

AMERICA AND THE NEW ERA. A Symposium on Social Reconstruction. Edited by Elisha M. Friedman. New York: E. P. Dutton & Co., 1920. 500 p.

The editor of this compilation has set himself the difficult task of welding into a consistent whole the opinions and findings of a large number of experts exceedingly diverse in temperament and training, on a range of subjects which well-nigh covers the entire field of social welfare and action. His success is limited by the refractory character of his material. Naturally, with the necessity of specialization involved, the whole could not pass through the prism of one man's mind. The book is a sequel to *American Problems of Reconstruction: A Symposium on the Economic and Financial Aspects*, and therefore confines itself largely to the social, political, and biological aspects of the subject. As the editor says, these problems "are neither less pressing nor less significant than are the economic and financial questions which have riveted the attention of statesmen and publicists during the past year. . . . It is characteristic of human nature to neglect those problems which, though they deal with the most fundamental aspects of the national life, lack the driving force of the economic motive." The contents are divided, therefore, into five parts, with a keen foreword by Herbert Hoover: I. Perspectives, Social and Political. II. Social Progress versus Cycles of Change. III. Some Economic Aspects of Social Problems. IV. The New Nationalism. V. The Conservation of Human Resources.

The latter section is of primary interest to social hygienists, containing, among others, chapters on Heredity and Eugenics, by Charles B. Davenport; The Child and Society, by Sophonisba Breckenbridge; Conservation of Health, by Hibbert W. Hill; Delinquency and Crime,

by William Healy; Venereal Disease, by Paul Popenoe; Recreation and Play, by Henry S. Curtis; Nervous Strain and Mental Hygiene, by E. David Friedman.

Each of these is a concise and straightforward account of present American knowledge and activities in their respective fields, with a forecast of tendencies and a recommended program. Davenport, for instance, declares for the more commonly accepted eugenic principles, including the encouragement of a fertility of four or more children among the "best strains," through education and differential taxation; conversely, the reduction of the contribution of inferior strains through propaganda, sterilization and segregation in certain groups, and temperate legislation. He calls likewise for better application of hereditary knowledge to vocational guidance, to problems of penology and justice, and to the restriction of immigration.

Healy concentrates his attention upon "a program of constructive effort" which includes federal coöperation in the collection of statistics of crime and the establishment of a national bureau of identification, development of parole and probation, amelioration of prison methods, and early and preventive treatment of juvenile delinquency.

Popenoe's review of the venereal-disease situation in the United States is warrantably devoted to "conditions revealed by the war" and an outline of an "after-war" policy. The known facts of infection among prostitutes, among drafted men, and in the army, the discrediting of segregation, and the closing of the majority of red-light districts, the obvious gaps in the lines of defence with respect to provision for the feeble-minded, clinic and hospital facilities, adequate legislation and enforcement, are familiar to all students of the question. Within the main outlines of the American plan, the author calls attention, in conclusion, to some of the outstanding needs and possibilities of the near future: abolition of the fining system, institutional care, community law-enforcement committees, notification, clinics, suppression of quackery, sound general sex education without over-emphasis on the venereal diseases, protection of youth of both sexes through policewomen, proper detention facilities, big-sister movements, and safeguarding of commercial recreation. That the task of venereal-disease control, while difficult and costly, is feasible and essential to national self-preservation, forms the keynote of the chapter.

K. M. G.

BRIEFER COMMENT

TRUE AND FALSE SEX ALARMS. By J. Allen Gilbert, M.D. New York: Rebman Company, 1916. ix+146 p.

A straightforward presentation of sex phenomena and the venereal diseases, giving the lay reader the information in simple terms without preachment. Occasionally, however, the author's assumptions are incorrect. He also draws too close an analogy between animal and human life. On the whole the book will be useful.

HEALTH AND HONOUR. Sex Light for Younger Readers. By Frederick J. Gould. London: Watts & Co., 1919. 72 p.

Inspirational as well as informational facts of reproduction and sex, particularly well adapted to the adolescent mind. The author has supplied simple drawings which greatly enhance the lucidity of the text. The treatment is adequately broad for young people, and is decidedly an asset for use with them.

PSYCHOANALYSIS AND THE UNCONSCIOUS. By D. H. Lawrence. New York: Thomas Seltzer, 1921. 120 p.

The rhapsodic product of an unscientific mind.

PURITY AND RACIAL HEALTH. By K. L. Lofthouse and W. F. Lofthouse. London: Epworth Press, 1920. 158 p.

Deals with the problems of sex as they relate to the individual and society from the standpoint of religious idealism. The authors advocate the fourfold American plan, and oppose prophylaxis. The church's responsibility in eradicating the venereal diseases is emphasized throughout. Bibliography.

MOTHERHOOD. By H. W. Long, M.D. Boston: Richard G. Badger, 1921. 195 p.

The author declares in his subtitle that this volume is "a practical guide for the newly married, including determination of sex, intercourse during pregnancy, and prenatal influence." Most of these topics are as yet unsettled questions in the minds of scientific investigators. It is to be regretted that a physician who, on the one hand, recognizes the importance of sex education to the individual, and who realizes many of the serious issues of life, should give himself over to such dubious theories. The data given by Dr. Long as evidence for the ability of parents to determine the sex of their progeny are entirely inadequate, as are his claims for the prenatal influence of mothers.

HUMAN HEREDITY. By Casper L. Redfield. Chicago: Heredity Publishing Company, 1921. xi+107 p.

The book is without adequate scientific foundation. Among various other illogical and unproved contentions, the author holds that the older the father, the more intelligent will be the offspring. He offers as evidence of such a theory, a tabulation of eminent men who were born when their fathers were past the prime of life. The author's list, however, is one of his personal selection, and could be matched by a list supporting different conclusions.

BOOKS RECEIVED

Under this head SOCIAL HYGIENE lists books received which do not fall sufficiently within its field or are not of sufficient importance to its readers to warrant comment.

NEVER TOLD STORIES. R. B. Armitage. Chicago: Advanced Thought Publishing Company, 1918. 239 p.

PRIVATE SEX ADVICE TO WOMEN. R. B. Armitage. Chicago: Advanced Thought Publishing Company, 1918. 227 p.

THE DIVORCE COMMISSION. Barnes and de Montmorency. Westminster: King & Son, 1912. 95 p.

IN HIS OWN IMAGE. Mary Briarly. New York: Macmillan Company, 1921. 419 p.

THE WASSERMANN TEST. Charles F. Craig. St. Louis: C. V. Mosby, 1921. 279 p.

THE SEX-EDUCATION OF CHILDREN. W. B. Forbush. New York: Funk & Wagnalla, 1919. 224 p.

THE HOME-EDUCATION OF CHILDREN. W. B. Forbush. New York: Funk & Wagnalla, 1919. 2 v.

THE CHARACTER TRAINING OF CHILDREN. W. B. Forbush. New York: Funk & Wagnalla, 1919. 2 v.

CONTRA LA REGLAMENTACION DE LA PROSTITUTION. Angel M. Gimenez. Buenos Aires: Cantielly, 1921. 120 p.

DIVORCE PROBLEMS OF TO-DAY. E. S. P. Haynes. Cambridge: Heffer and Sons, 1912. 120 p.

SOCIOLOGY AND ETHICS. Edward C. Hayes, Ph.D. New York: D. Appleton & Co., 1921. 353 p.

TECHNIQUE OF PSYCHOANALYSIS. S. E. Jelliffe. Washington: Nervous and Mental Diseases Publishing Co., Second Edition, 1920.

THE SYSTEMATIC TREATMENT OF GONORRHEA IN THE MALE. Norman P. L. Lumb. New York: Lea & Febiger, 1920. 123 p.

ILLEGITIMACY AS A CHILD WELFARE PROBLEM, Part II. Lundberg and Lenroot. (U. S. Children's Bureau.) Washington: Government Printing Office, 1921. 408 p.

INFANT WELFARE WORK IN EUROPE. Nettie McGill. (U. S. Children's Bureau.) Washington: Government Printing Office, Pub. No. 76, 1921. 169 p.

SALUTE LETTRE D'IGIENE. A. Piperno. Roma: Instituto Italiano D'Igiene, 1921. 221 p.

MORTALITY STATISTICS, 1919. U. S. Census Bureau. Washington: Government Printing Office, 1920. 94 p.

PHYSICAL EXAMINATION OF FIRST MILLION DRAFT RECRUITS. Office of the Surgeon General, U. S. A. Washington: Government Printing Office, 1919. 521 p.

HEALTH SURVEY OF NEW HAVEN. C.-E. A. Winslow and others. New Haven: Yale University Press, 1917. 114 p.

ABSTRACTS OF PERIODICAL LITERATURE

SEX EDUCATION IN HIGH SCHOOLS *The Survey*. June 25, 1921.

Experiments in content and method of sex instruction have sprung up all over the country. Most of them are so successful that they have been approved by both school officials and the public. In January, 1920, the United States Bureau of Education and the United States Public Health Service sent out a questionnaire to 12,025 A and B (accredited and partially accredited) high schools. There were replies from 6488, or 53.8 per cent of the high schools and 2638, or 40.6 per cent of these give sex instruction of some sort.

The proportion of schools giving this instruction is larger in the West. In Utah, 21 schools replied in the affirmative and none in the negative; in Maine, one school out of every four answered in the affirmative.

The following is a tabulation of replies:

1. Schools giving only emergency sex education, i.e., instruction through lectures, slides, sex-hygiene exhibits and pamphlets.	1633
2. Schools giving sex education as a part of courses already in the curriculum.	1005
Total number of schools giving sex instruction	2638
3. Schools giving no sex instruction.	3850
Total number of answers to questionnaire	6488

Among the materials used by group 1, the exhibit for boys, *Keeping Fit*, has been in great demand, as has been the pamphlet of that name. Since this questionnaire has been sent out, a similar pamphlet for girls, *Healthy Happy Womanhood*, and a girl's exhibit, *Youth and Life*, have been issued.

In group 2, the biological sciences provide over 50 per cent of the instruction, physiology and hygiene, 23 per cent, and the social sciences, 17 per cent.

With few exceptions, differences of opinion are concerned with the method used, rather than with need. The requirements of a teacher of the subject of sex are mental maturity, a personality that is always respected, poise, sanity, sympathy with the adolescent, a knowledge of facts and the ability to present them impersonally, unimpeachable character, and great tact.

More exact information and further details in regard to this material will soon be made available.

THE SOCIALLY INADEQUATE: HOW SHALL WE DESIGNATE AND SORT THEM? By Harry H. Laughlin. *The American Journal of Sociology*. Vol. 27, No. 1, July, 1921.

There are serious objections to designating all who are not rated as effective and largely self-directive members of the community as belonging to the "defective, dependent, and delinquent classes." The phrase is too enumerative for a general title and not specific enough for listing the sub-groups. What is needed is, first, a general title which will convey a clear-cut meaning and second, a subsidiary list for the sub-classes. The former requisite is filled, according to the author, by the term "socially inadequate." The subsidiary list which he considers appropriate is the one which the Eugenics Record Office used in its preparation of a study of state institutions covering all types of individuals who require social care of some sort. The list is as follows: 1. feeble-minded; 2. insane; 3. criminalists (including the delinquent and the wayward); 4. epileptics; 5. inebriate (including drug habitués); 6. diseased (including the tuberculous, lepers, and others with chronic infectious segregated diseases); 7. blind (including those with seriously impaired vision); 8. deaf (including those with seriously impaired hearing); 9. deformed (including the crippled); 10. dependent (including orphans, the aged, soldiers and sailors in "homes," chronic charity-aided folk, paupers, ne'er-do-wells).

ENGLISH AND FOREIGN LAW IN RELATION TO MENTAL DISORDER. By W. G. H. Cook. *The Eugenics Review*. Vol. 13, No. 2, July, 1921.

In England at present insanity of itself is not accepted as a ground for divorce. The Royal Commission on Divorce and Matrimonial Causes makes the following recommendation with regard to the question: that insanity which should be the ground for divorce should be certified as incurable, and the insane spouse should be continuously confined for the time being in force for not less than five years; that the court should be satisfied as to the insanity of the spouse; and that this ground should operate only when the age of the insane person is, if a woman, not over fifty years, and if a man, not over sixty years.

In connection with this recommendation it is of interest to know how the various countries stand. Among all the British Dominions, only two grant divorces on the ground of insanity. New Zealand grants a divorce to any person whose spouse has been a lunatic for a period or periods not less in the aggregate than ten years, within twelve years

immediately preceding the suit, and is unlikely to recover; in Western Australia, a period or periods not less in the aggregate than five years within six years immediately preceding the suit and unlikely to recover.

Among other countries, only Denmark, the German Empire, Norway, Portugal, Sweden, Switzerland, and but seven states in the United States, (Arkansas, Florida, Idaho, North Dakota, Pennsylvania, Utah, and Washington) grant divorces upon the ground of insanity. Each locality, of course, has the limitations which it sees fit.

THE MENTAL HYGIENE ASPECTS OF ILLEGITIMACY. By Marion E. Kenworthy. *Mental Hygiene*, Vol. V, No. 3, July, 1921.

In the study of the problem of illegitimacy it is pertinent to ask: "What is it besides the actual sex experience, that leads the girl to indulge in illicit sex relations, and what is it that she seeks in choosing this method of expression?" In answering these questions the group of girls in whom illicit sex expression exists as a definite behavior tendency, is considered. Where the irregularity is due to certain misdevelopments of the glandular system, the problem is a comparatively simple one as it can be looked upon from a medical point of view. Sex cravings do not always depend upon purely physiological difficulties, however, but may arise from the use of one's sex equipment in trying to overcome certain thwartings of other activities. There are some girls who enter into lives of sex promiscuity in a definite attempt to find some compensation for imagined unjust situations in the home. Then there are normal girls who deliberately accept their sex attributes as a forceful means of putting themselves across in the community. The real problem of illegitimacy lies just at this point.

Mental hygiene can deal constructively with these complex problems because it recognizes the principle that there is a cause back of every human action, and this recognition gives the worker an open-mindedness and freedom of action which he cannot have when the emphasis is on the conventional ethical aspect only. The mental hygienist takes the objective point of view. He searches for the basis of the girl's maladjustment, not only through the study of her environment, but through the study of her personality, and he aids her by helping her understand her problem.

THE PREGNANT WOMAN IN INDUSTRY. By Cary P. McCord, M.D. and Dorothy K. Minster. *The Journal of Industrial Hygiene*, Vol. III, No. 2, June, 1921.

There are 5,000,000 women in industry in the United States, of whom 1,000,000 are married. An unknown number of pregnancies occurs every year among them. Hitherto, in accepting some responsibility for the pregnant woman in industry, various agencies have adopted two general methods of procedure: the prohibition of employment of women on any work during specified periods of gestation, the prohibition of employment of any women in certain trades, and the regulation of conditions of employment for women at work; and the provision of maternity benefits, thus making the necessity for work less frequent. Foreign countries are far in advance of the United States in this respect. In most of these places, maternity benefits are included in the systems of social insurance, and are usually compulsory. For the normal pregnant woman there is no need to change her usual mode of life unless her habits are bad. The important thing, then, is to determine whether the pregnant woman is healthy. For this reason, full coöperation should exist between the plant physician and the specialist. The plant physician should inform him of the specific conditions of his industry.

There are certain industries, of course, that are hazardous to woman. Notably are the manufacture of electric accumulators, of paints, varnishes, of brass castings, certain glass ware, high explosives, and tan and hide industries. The manufacture of lead paints is prohibited to women all over.

In summarizing, the authors state:

1. The pregnant woman is better off in the normal home environment than at work in a factory.
2. With proper supervision, however, it will not be harmful for the normal pregnant woman to work, if work is an economic necessity for her.
3. All pregnant working women should receive careful medical and vocational supervision.
4. The abnormal pregnant woman should discontinue work, and should resume it only on the advice of a competent physician.
5. The pregnant woman is an increased accident risk for the manufacturer. By means of careful supervision, however, this risk may be reduced to a minimum.
6. Any occupation that is harmful to the general woman worker is of greater harm to the pregnant worker.
7. The following types of occupations are harmful: continuous sitting or standing; repeated lifting, reaching, or stretching; jolting; any work requiring new muscle adaptations.
8. Certain specific occupations are distinctly harmful to pregnancy and to childbearing functions. Lead trades constitute the outstanding example of this group.

THE FREQUENCY AND CAUSE OF ABORTION. By Arthur William Meyer. *The American Journal of Obstetrics and Gynecology*, Vol. II, No. 2, August, 1921.

The highest estimates of the ratio of interrupted to uninterrupted pregnancies are those of Taussig (1910) and of the author. Taussig's were based upon the experience at a St. Louis gynecological clinic, and the author's were based upon about 700 selected histories accompanying specimens in the Carnegie Embryological Collection. From these data it seems that there is one abortion to 1.7-2.3 pregnancies. If Robinson's estimate that the incidence of criminal abortion in the United States is one to every 2.4 births, is true, it would follow that among the women studied by Taussig and Meyer, 50 per cent committed criminal abortions.

In contrasting the number of abortions per woman in 344 women giving birth to normal conceptuses, with those suffered by 264 women who aborted conceptuses classed as pathologic, it is found that the former had sustained an average of 1.7 abortions, and the latter only 1.79, or practically the same number. However, there is a slight tendency for earlier abortion in pathologic cases. Abortions among colored women seem to occur later in the gestation period.

Associated constitutional or venereal diseases were recorded in only 76 out of 697 selected histories. In 463 of these cases, no cause for the abortion was given. In 52 of the 76 cases in which associated diseases were present, other causes for the termination of pregnancy were also recorded. Hence the suggestion that the associated diseases probably were immediate or incidental causes of these cases, seems decidedly probable.

THE ANTIVENEREAL CAMPAIGN: EDUCATION OF EDUCATORS. By H. Gougerot. *The International Journal of Public Health*. Vol. II, No. 3, July-August, 1921.

Venereal-disease propagandists should be educated in four ways: through 1. pamphlets, 2. conferences, 3. courses in social hygiene, 4. articles in various periodicals.

1. Pamphlets should indicate a means of carrying out propaganda, with special reference to the practical details such as lists of hospitals and clinics, summaries of recent discoveries, references to surveys, and statistics. These pamphlets should be distributed among all those whose aid is desirable and obtainable.

2. Conferences permit the pooling of experiences and also are instructive to propagandists who are just beginning the work. All political and administrative congresses should be impressed with the urgency of social-hygiene questions.

3. Courses in social hygiene have proved to be the best method for educating educators. Six lectures should be the minimum. These should include every phase of the venereal diseases, covering the medical, educational, recreational, and legal aspects.

4. The political, educational, the sporting and trade journals, all should have periodical articles appearing in them, forming a complete series of instruction. This method reaches the public.

The education of the educator is an urgent matter because in a complex problem such as that of the venereal diseases it is necessary that those who are to exert such influence shall be efficiently equipped.

THE SOCIAL WORKER'S APPROACH TO THE FAMILY OF THE SYPHILITIC.

By Maida H. Solomon. *Hospital Social Service*. Vol. III, No. 6, June, 1921.

In the main, the social worker in syphilis need be no different from any good social worker. She should possess mental poise, sympathy, tact, and judgment. She must be interested in the medical as well as the social side of the problem. Syphilis is a contagious disease and should not be looked upon as a punishment for sin. The moralistic point of view is to be avoided. The social worker must enter the lives of her patients as a human being, treating each family according to its individual needs.

In summarizing, the author states that the social worker's duties are:

1. To instruct the family how to avoid infection, emphasizing the seriousness of the situation, but avoiding over-frightening the family.

2. To find out whether any members of the family are infected, by arranging for family examination.

3. To aid the patient in disclosing the fact of syphilis in such a way that the mate acquires the right attitude.

4. To utilize the mate as an ally in making the patient take continuous treatment.

5. To arrange for treatment of syphilitic relatives, and to see that it is carried through by endeavoring to develop a coöperative spirit, especially in the difficult problems of seemingly well relatives and syphilitic children.

6. To secure family examination for early symptom-free syphilitics and late syphilitics, recognizing that this is more difficult to bring about than the examination of the family of contagious patients.

Some of the more pressing situations one must be prepared to deal with are:

1. Readjustment of the mental life of the family.
2. Readjustment of the physical life of the family.
3. Economic difficulties in the families of late syphilitics including such situations as a working wife, diminished income, charitable aids, etc.

One cannot offer any method of dealing with these situations. It is important for the worker to analyze the effect of her methods in each case, to plan new attacks, and to synthesize her successes and failures into a better technique.

ON THE RAVAGES OF CONGENITAL SYPHILIS AND ITS PREVENTION. By Dr. S. Hata. *International Journal of Public Health*. Vol. II, No. 4, July-August, 1921.

This article is a critical review based on statistics drawn from the cases personally examined by the author. The following percentages were obtained among married women who showed a positive Wassermann reaction and who had been married three years or more:

Not impregnated.....	40%
Impregnated.....	60%
1. Abortions.....	about 28%
2. Deaths within two years of birth.....	42% or about 58% of living births
3. Surviving children over two years.....	30% or about 40% of living births.

Many of the surviving children were defective and will die young because of syphilis. Statistics from various sources show that only one third will live a natural healthy life.

In addition to the early testing of the sero-diagnosis of syphilis in all pregnant women as a means of combating congenital syphilis, the author offers the following suggestions:

To institute a propaganda pointing out the personal and social ravages of congenital syphilis and also the possibility of transmission by women who may be unaware of having it.

To disseminate information about congenital syphilis among midwives and to teach them to advise those women who have had a previous premature fetus to undergo the blood test.

Pregnant women with positive Wassermanns should be given antisyphilitic treatment immediately.

The newborn infant of a syphilitic mother should have its blood tested and proper treatment instituted.

If either of a married couple should have syphilis, the other's blood should be examined.

NOTE AND COMMENT

NORTH EUROPEAN CONFERENCE. One of the most striking features of the recent North European Red Cross Conference for Combating Venereal Diseases was the unanimity of opinion in regard to all the measures considered. The Conference convened at the inspiration of the League of Red Cross Societies on May 20, with Professor Harold Hoffding, president of the Danish Red Cross, in the chair. Delegates participating in the activities were as follows:

England:

Lieut. Colonel L. W. Harrison, R.A.M.C.

Dr. F. N. Kay Menzies

Mrs. C. Neville Rolfe, General Secretary of the British National Council for Combating Venereal Diseases.

Finland:

Dr. W. Stockmann

Germany:

Prof. E. Galewsky

Prof. F. Pinkus

Holland:

Prof. G. J. W. Koolemans Beijnen

Dr. W. F. Veldhuijzen

Norway:

Dr. Kr. Gron

Sweden:

Dr. K. Marcus

S. Ribbing, cand. jur., Member of the Government Medical Board

Denmark:

Prof. H. Hoffding, President of the Danish Red Cross

Prof. C. Rasch

Dr. Th. Madsen

Prof. E. Ehlers

Dr. O. Jersild

Schepeleerm Larson, Chief of the Sanitary Police of Copenhagen

A. Marcus, Secretary of Danish Society for Combating Venereal Disease

Dr. S. Lomholt

League of Red Cross Societies:

Prof. C-E. A. Winslow

Lieut. Colonel T. F. Ritchie

Walter Clarke

Knud Stoumann

Alan Johnstone, Jr.

It is gratifying to workers in social hygiene, to observe the thoroughness and frankness with which the social-hygiene activities in the participating countries were reported; the general agreement on the major points in the program for combating venereal diseases; and the spontaneity with which the resolutions were adopted. As a matter of fact, there were no objections to any of the resolutions proposed. The resolutions, as officially adopted, are as follows:

Resolutions

This Conference, having considered the general measures for the combating of venereal diseases which have been adopted by the participating countries, is unanimously of opinion, so far as the experience of these countries is concerned—

1. That the provision, by responsible health authorities, of adequate facilities for diagnosis and treatment on lines which ensure that the greatest possible number of infected persons is rendered non-infective is a measure of prime importance to the reduction of venereal diseases. The urgent necessity of commencing treatment at the earliest possible moment should be emphasized. It is suggested that the above facilities should be provided free of cost to the patient where they are otherwise unlikely to be utilized to the fullest extent.

2. That questions of compulsory notification and of compulsory treatment, being dependent on the experience, resources, and psychology of the people concerned in each country, must be decided by individual nations.

3. That instruction, theoretical and practical, in the recognition of venereal diseases, particularly in their earliest manifestations and in their treatment should form a part of the curriculum of every medical student and that satisfaction of a test of proficiency in this subject should be a condition of every medical qualification.

4. That provision should be made, at suitable treatment centers, for such instruction of medical practitioners in the diagnosis and treatment of venereal diseases as will enable them to recognize these disabilities promptly and secure their adequate treatment.

5. That the regulation and official toleration of professional prostitution has been found to be medically useless as a check on the spread of venereal diseases and may even prove positively harmful, tending, as they do, to give official sanction to a vicious traffic.

6. That the provision of hostels and rescue homes for the temporary care of girls suffering from venereal diseases is a valuable means of preventing the spread of these diseases.

7. That the provision of opportunities for wholesome entertainment and recreation is an important factor in reducing the temptation to exposure to venereal infection.

8. That enlightenment of the general public on lines which are best calculated to minimize exposure to infection and emphasize the necessity of thorough treatment, is an essential part of any scheme for the combating of venereal diseases. Instruction should be particularly addressed to parents and teachers in such a form as will enable them to give clear information on the reproduction of life and impress on adolescents the importance of individual responsibility to future generations. In the training of teachers, special courses on these subjects should be provided.

9. That the Conference welcomes all efforts of Red Cross societies directed toward supplementing the efforts of official governmental agencies where the circumstances in the respective countries permit and indicate such activities, and in supporting the work of

voluntary societies in the campaign against venereal diseases; and also welcomes the efforts of the League of Red Cross Societies in coördinating the activities of voluntary societies in this campaign throughout the world.

Treatment of Seamen

The North European Conference on Venereal Diseases, assembled at Copenhagen, May 20 to 25, 1921, is impressed by the high importance of combating venereal diseases among merchant seamen, not only as a measure of humanity to seafarers, but also as a measure of protection against the spread of these diseases, and is strongly of opinion—

1. That facilities for the scientific diagnosis and the treatment of venereal diseases in merchant seamen by skilled specialists should be provided at all the important ports of the world.

2. That, in anticipation of the signature of any international agreement on the subject, steps should be taken by all maritime nations to provide these facilities with the least possible delay.

3. That treatment, including maintenance in hospital, in the special cases where this is essential, should be free to merchant seamen of all nationalities.

4. That crews of incoming vessels should be informed of the existence and location of treatment centers at each port of call, and of the hours of consultation. This should be the duty of the health authority of the port, but it is suggested that, in the course of time, it should be possible for a ship's master to collect this information and to post it up well in advance of the ship's arrival.

5. That, in order to secure intelligent continuity of treatment, the details of treatment, progress, and results of pathological examinations should be entered on a card, to be carried by the patient.

6. That the expressions and terms used on the patient's card mentioned in (5) should be based on an international code, so as to be intelligible to the medical officers at the treatment centers of all ports.

7. That in view of the many different methods of performing the Wassermann test and the different systems of notation employed, it is desirable that an authoritative comparison between the principal methods and notations should be carried out. It is suggested that this work might be undertaken by the health organization of the League of Nations.

8. That facilities for the continuation of such treatment as is within the capacity of a member of the crew appointed for the purpose should be provided on all ships.

9. That, in view of the fact that much venereal disease is contracted by men who would not have exposed themselves if there had been other pastimes available, the provision of healthy and attractive recreations at all ports is a measure of the greatest importance to the prevention of venereal diseases. It is suggested that this provision is one which could most suitably be undertaken by shipowners' and seafarers' organizations, supported where desired by the local authority, and voluntary organizations for the promotion of social welfare, at each port.

10. That a copy of these resolutions be communicated to the governments of all maritime nations, to the League of Nations, and to the Red Cross societies of the world.

INTERNATIONAL CONFERENCE ON TRAFFIC IN WOMEN AND CHILDREN.
Thirty-four nations sent representatives to the International Confer-

ence on the Traffic in Women and Chi'dren which convened at Geneva, Switzerland, June 30 to July 5. This number included representatives from all the Allies except the United States, from all of the Central Powers except Turkey, and from most of the neutral countries throughout the world. In addition to the governmental delegates, a number of representatives from various social organizations were present. Bascom Johnson of the American Social Hygiene Association unofficially represented the United States. He addressed the Conference on the measures which the United States takes against white-slave traffic.

The holding of such a convention at this time was particularly opportune, first, because of the failure of existing international treaties to function automatically without some central administrative machinery; second, because of the danger of a great increase in such traffic, coincident with the general opening of frontiers; and third, because of the great increase, since the war, in the number of women and girls who can neither marry nor find adequate means of support and who constitute, therefore, a fertile field for exploitation.

The Conference, after four days of earnest deliberation, embodied its conclusions in the following fifteen recommendations, of which numbers 6, 11, and 14 are of most importance to Americans.

Resolutions

As adopted by the Conference and revised by the Drafting Committee

1

WHEREAS the effective suppression of the traffic in women and children would be promoted by the adoption, in as many states as possible, of common principles and similar measures; and

WHEREAS it appears essential, for this purpose, that these offences should be punishable by the laws of every state; and

WHEREAS the Agreement of May 18, 1904, and the Convention of May 4, 1910, contain principles and measures which are essential in this respect; and

WHEREAS the application, in as complete and general a manner as possible, of those agreements would have the effect of securing a substantial improvement in the existing conditions:

The Conference recommends the Council of the League of Nations:

To urge upon all members of the League and other states which have not yet ratified the Agreement of May 18, 1904, and the Convention of May 4, 1910, or which have not yet adhered to them, the immediate importance of their ratifying or adhering to these instruments.

2

The Conference, anxious to provide for the protection of women and children, whatever their race or color, recommends that the Council of the League of Nations should

invite the states who are parties to the Agreement of May 18, 1904, and to the Convention of May 4, 1910, on the subject of the traffic in women and children, as well as the states which have not yet adhered to these instruments, to notify their adherence also on behalf of their colonies and dependencies.

3

The Conference recommends that the Council of the League of Nations should request governments to provide in their legislation for the punishment not only of the offences specified in Articles 1 and 2 of the Convention of May 4, 1910, but also of any attempt to commit such offences and within legal limits of *actes préparatoires*.¹

4

The Conference recommends that the Council of the League of Nations should request the states which are parties to the instruments of 1904 and 1910, or are ready to adhere to them, to extend to the completion of 21 years, the age indicated under letter "B" of the closing protocol of 1910, and to provide that this age shall be considered as a minimum which states are recommended further to increase.

5

With reference to Article 5 of the Convention of May 4, 1910, the Conference, anxious that the most effective measures should be taken for the punishment of the offences specified in Articles 1 and 2 of the said Convention, recommends that states should take all measures within their power to extradite or provide for the extradition of persons accused of or sentenced for the above-mentioned offences whenever extradition is not provided for by existing treaties.

6

The Conference recommends, in connection with the question of emigration and immigration, that all states should adopt such administrative and legislative measures as are required to check the traffic in women and children. It particularly draws the attention of governments to the necessity of providing for the protection of women and children traveling alone, not only at the points of departure and arrival, but also during the journey.

6A

The Conference draws the attention of the International Commission on Emigration to the question of the traffic in women and children, and to the desirability of framing definite provisions which could eventually be inserted in an international agreement.

7

The Conference recommends that the international associations concerned with the traffic in women and children be invited to take concerted measures so as to provide for the return to their own country of women or girls who may have been expelled by the authorities of another country or may have been refused permission to stay there.

8

With reference to Article 2 of the Agreement of 1904, the Conference recommends that governments should approach railway and shipping companies in order to secure the exhibition in railway stations and in ports, of notices warning women and girls of the danger of the traffic and indicating the places where they can obtain accommodation and assistance.

¹ In English law the phrase "*actes préparatoires*" would seem to be covered by the word "attempt."

9

The Conference recommends that states which have not already taken legislative or administrative measures regarding the licensing and supervision of employment agencies and offices, should undertake to prescribe such regulations as are required to ensure the protection of women and children seeking employment in another country.

10

The Conference recommends that the Council of the League of Nations should, in pursuance of Article 23c of the Covenant, direct the secretariat to request all members of the League and all states which are parties to the Agreement of 1904 and to the Convention of 1910, to supply it with an annual report on the measures taken or contemplated by them in order to check the traffic in women and children. These reports shall be communicated either in full or in the form of a summary to all members of the League and to all states which are parties to the above-mentioned instruments, so that every country may benefit by the experience gained by the others. The secretariat may, for this purpose, draft a questionnaire to be sent to the governments.

The Conference also recommends that the international associations for the suppression of the traffic should be requested to furnish the secretariat with an annual report on their work. These reports should be circulated in the same way as those of the governments.

11

The Conference recommends that a committee consisting of five or six representatives of states and of three to five assessors should be constituted as an advisory body to the League of Nations, in order to advise the Council as to "the general supervision over the execution of agreements with regard to the traffic in women and children," and also as to all international questions relative to this matter which may be submitted to the committee for its consideration. It would have no authority or direct power.

The appointment of the members of this committee would rest with the Council of the League of Nations.

The Conference, however, thinks it desirable to make the following recommendations:

That the Council should, so far as possible, when selecting the states to be represented, take into account general interests as well as geographical representation, and that one of the members should be a representative of the French government, which has assumed certain obligations in virtue of the instruments of 1904 and 1910, and will furnish the secretariat with all the information which it has undertaken to collect in pursuance of these instruments.

That the assessors should represent:—

(1) The International Office for the Suppression of the Traffic.

(2) A woman's international organization.

(3) The following three international societies, either individually or collectively:

The Jewish Association for the Protection of Girls.

The International Catholic Association for the Protection of Girls.

The Federation of National Unions for the Protection of Girls.

That the advisory committee should meet, when required, at the request of the Council of the League of Nations.

That the expenses of each representative should be borne by the state or association which he represents.

That the committee should keep in close touch, through the agency of the assessors, with the national and international organizations, in order to ensure the coördination and coöperation of the official and unofficial efforts made for the suppression of the traffic.

12

The Conference recommends that the governments should consider the question of the traffic in children, and should cause the necessary enquiries to be undertaken for the discovery of persons engaged in this traffic and for their prosecution.

It also recommends that the governments should amend the provisions of their civil laws regarding adoption of children, if these provisions do not afford sufficient protection.

13

The Conference recommends that the words "white-slave traffic" should be replaced in the texts of international instruments by the words "traffic in women and children."

14

The attention of the Conference having been drawn to the consequences which, from the point of view of the traffic in women and children, follow the deportations, individual or collective, of women and children for political or military purposes, the Conference feels it incumbent upon it to request the League of Nations to intervene in order to prevent such practices, which are contrary to the laws of humanity.

15

The Conference requests the secretariat of the League to convey its thanks to the various Associations whose recommendations have been transmitted to it, and to inform them that these recommendations have been submitted for consideration to a special committee, and that the questions with which they deal have been discussed and decided by the Conference.

E. F. BENSON ON SEX EDUCATION FOR SCHOOLBOYS.

Some time during that first year at school, there occurred a scene which I still look back on as among the most awful I have ever witnessed. Two boys, one high in the school, a merry handsome creature, the other quite a small boy, suddenly disappeared. They were in their places at breakfast, but during breakfast were sent for by Waterfield and at school that morning their places were empty. They did not appear at dinner, they did not appear at tea, and that night in the next dormitory their beds were vacant. Jane said they were not ill, and forbade any further questions, and curious whisperings went about, of which I could not grasp the import. Next morning there came a sudden order that all the school should be assembled, and we crowded into the big schoolroom. Presently Waterfield entered with his cap and gown on, followed by the two missing boys. He took his place at his desk, and motioned them to stand out in the middle of the room. There was a long silence.

Then Waterfield began to speak in a low voice that grew gradually. He told us all to look at them, which we did. He then told us that they had brought utter ruin and disgrace on themselves, that no public school would receive them, and that they had broken their parents' hearts. They were not going to stop an hour longer amongst us, for their presence was filthy and contaminating. They were publicly expelled and would now go back to the homes on which they had brought disgrace.

He then told us all to go out, and was left with those two, and I wondered, limp with terror, whether he was going to kill them, and what on earth it was that they had done. And if I was limp then, you may judge what was my condition, when presently the school sergeant who brought summonses from Waterfield told me that he wished to see me. . . . Indeed that imaginative habit which had made up so many glorious adventures for myself on slender grounds was a poor friend at that moment, for as I went to the study, it vividly suggested to me that I too, for some unintelligible reason, would be despatched to Cornwall, a ruined and disgraced boy.

I tapped at the door, tapped again without receiving any answer and entered. Waterfield was sitting at his table and he was crying. He indicated to me that I was to sit down, which I did. Then he blew his nose with an awful explosion of sound, and came with his rocking walk across to the chimney-piece.

"I want to ask you a question," he said. "Do you understand why those two boys were sent away?"

"No sir," said I.

His voice choked for a moment.

"I am glad to hear it," he said. "I thank God for that. You may go."

Here was a mysterious affair! I went out wondering about a million things, why Waterfield was crying, why he had sent for me, and above all why those two boys were publicly disgraced. I began to grub in my memory for any clue, and recalled trivial incidents. The elder of the two had been rather kind to a junior like myself: he had nodded good night to me one evening on the stairs, and I think the next night had given me a lump of Turkish delight. Finally, only a few days before, he had by virtue of his first-form privileges taken me for a stroll round the wooded grounds, where the first-form might go at pleasure, and I felt highly honored at his notice. He had become rather odd: he began questions like, "I say, do you ever—," and stopped. As I did not know what he was talking about, and only grew puzzled, he remarked rather contemptuously, "I didn't know you were such a kid. Why, when I was your age . . ."

Then our privacy came to an abrupt conclusion, for we suddenly met Waterfield, with a large cigar, strolling along a path. He took us both into a greenhouse, and gave us some grapes, and walked back with us, one on each side of him.

There was nothing there at the time which had roused any curiosity in me. I had wondered vaguely why these sentences were left unfinished, and why he had only then discovered that I was such a kid. But now, in an intensity of wonder as to why Waterfield had been so glad to know that the reason for this expulsion was incomprehensible to me, and as to what that reason was, I began, with the groping instinct of a young thing, that has either to guess its way, or to be told it, to fit meaningless little pieces of the puzzle together, trying first one pair of fragments and then another, intensely curious and instinctively certain that there was something here which other boys understood, and which Waterfield certainly understood, but which I did not. I supposed that the completed puzzle contained something in which right and wrong were involved, since a transgression such as the two expelled boys had been guilty of was an affair that could not be atoned-for by a caning or a birching.

For days after that, hints, fragments, surmises floated as thickly about the school as motes of dust in a sunbeam. We were forbidden to talk about the subject at all, which gave an additional zest to discussion. Some knew a great deal, some knew a little, some knew nothing. Those who knew nothing learned a little, those who knew a little learned

more, and we seethed with things that were unsavory, because the secrecy and the prohibition made the unsavoriness of them. . . . But in heaven's name, why could we not all have been given lessons in natural history? Is it better that young boys should guess and experiment and be left to find things out for themselves, with the gusto that arises from the notion of forbidden mysteries, than that they should be taught cleanness by their elders, instead of being left to experimentalize in dirtiness? Until there is extracted from boyhood its proper legitimate inquisitiveness which is the reason of its growth, nothing can prevent boys from seeking to learn about those things which elders cover up in a silence so indiscreet as to be criminal. It is a libelous silence, for it surrounds, in an atmosphere of suspicion, knowledge which is perfectly wholesome and necessary.—*Our Family Affairs, 1867-1896*, by Edward Frederick Benson (London: Cassell and Company, 1920), pp. 85-89.

SOCIAL HYGIENE BIBLIOGRAPHY

FROM JUNE 1, 1921, to SEPTEMBER 30, 1921

Compiled by
JANET F. MELVAIN

Executive Librarian, Library of the Common Service Committee

- ACKER, MRS. M. M. Social hygiene work in rural communities. *New York State Health News*. April, p. 83-87.
- Approved salvarsan substitutes. List of drugs approved by the Ministry of Health. *The Lancet*. May 21, p. 1112.
- BATES, GORDON. The relation of the Canadian National Council for Combating Venereal Diseases to the programme of venereal disease control. *Public Health Journal*. April, p. 156-162.
- BLAKESLEY, HENRY J. Male venereal clinic at the Royal Infirmary, Leicester; an account of its origin, development, and work. *British Medical Journal* April 23, p. 619-620.
- BOND, W. A. Prevention of venereal diseases. *Public Health*. July, p. 190-191.
- BOSTICK, JOHN BENTON. Administration of neosalvarsan. *U. S. Naval Medical Bulletin*. July, p. 536-540.
- Case for prevention, by Ex V. D. Officer, R.A.M.C. *Public Health*, July, p. 183-186.
- Conference de la Croix-Rouge sur les maladies vénériennes pour les pays du nord de l'Europe. *Revue internationale de la Croix-Rouge*. July 15, p. 760-762.
- Control of venereal disease. The Red Cross regional conference. *The Lancet*. June 18, p. 1322.
- The Dominion anti-venereal disease campaign. Nova Scotia Department of Health *Quarterly Bulletin*. July, p. 4-7.
- DONALDSON, BLAKE F. Syphilis in children of school age with heart disease. *New York State Journal of Medicine*. May, p. 176-177.
- DONKIN, SIR HORATIO BRYAN. Venereal disease and the ministry. . . . *Public Health*. July, p. 188-189.
- EVERETT, RAY H., and CLARK, MARY A. Industrial application of army and navy venereal disease records. *American Journal of Public Health*, September, p. 829-833.
- FELLOWS, ALFRED. Present laxity of divorce, a problem for reformers *Journal of Divorce Law Reform Union*. August, p. 5.
- FLETCHER, HERBERT M. Congenital syphilis. *The Lancet*. March 26, p. 630-631.
- FRASER, A. MEARNS. Anti-venereal disease campaign in Portsmouth. *Public Health*. July, p. 189-190.
- GOUGEROT, HENRI. The anti-venereal campaign; education of educators. *International Journal of Public Health*. May-June, p. 257-262.
- GUERARD, ARTHUR R. Educational follow-up work in venereal disease control. *New York State Health News*. April, p. 94-99.
- HATA, S. On the ravages of congenital syphilis and its prevention. *International Journal of Public Health*. July-August, p. 354-359.
- KING, W. F. Venereal disease control a public health measure. *International Journal of Surgery*. May, p. 179-182.
- KLEINSCHMIDT, HARRY E. Medical fees and venereal disease. *Urologic and Cutaneous Review*, May, p. 272-273.

- KNOWLTON, MILLARD. Programs for venereal disease control. *Nation's Health* June, p. 344-345.
- LAWRENCE, JOSEPH S. A review of venereal disease work in New York State. *New York State Health News*. April, p. 76-78.
- McILROY, A. LOUISE. The creative force as a factor in the economic problems of women's work. *The Lancet*. June 18, p. 1337-1338.
- MARSH, EDWARD H. The establishment and operation of clinics for treatment of venereal diseases. *New York State Health News*. April, p. 87-90.
- MARTIN, JOHN F. Protective medical measures against venereal diseases. *American Medicine*. July, p. 362-368.
- MITCHELL, Mrs. E. J. Community social work in a venereal disease program. *New York State Health News*. April, p. 90-93.
- PIERCE, CLAUDE C. Venereal disease control. *American Journal of Syphilis*, July, p. 377-391.
- PRAETORIUS, N. Homosexualität und Napoleon I. *Zeitschrift für Sexualwissenschaft*. June, p. 95-104.
- Prevention of venereal disease conference of public health authorities of Great Britain. *Public Health*. July, p. 191-193.
- Resolutions of the North European Red Cross Conference on Venereal Diseases, Copenhagen. May 20-25, 1921. *International Journal of Public Health*. July-August, p. 400.
- RIDDELL, WILLIAM R. Origin of the word syphilis. *New York Medical Journal*. May 4, p. 650-656.
- RITCHIE, T. F. Resolutions of the general conference committee, All-America Conference on Venereal Diseases. *International Journal of Public Health*. July-August, p. 388-399.
- RITCHIE, T. F. Venereal disease clinics: their organization and function. *International Journal of Public Health*. May-June, p. 295-303.
- ROBERTS, R. E. Inadequate attendance of the male syphilitic out-patient. *The Lancet*. August 6, p. 277-279.
- ROSANOFF, AARON J. Some practical points in the organization of treatment of syphilis in a state hospital. *State Hospital Quarterly*. May, p. 319.
- ROUT, ETTIE A. Venereal disease infections among the Rhine army. *Public Health*. July, p. 186-188.
- ROYSTER, LAWRENCE T. A statistical report on the incidence of congenital syphilis. *American Journal of Syphilis*. January, p. 131-134.
- SCHROEDER, THEODORE. Shaker celibacy and salacity psychologically interpreted. *New York Medical Journal*. June 1, p. 800-805.
- Sex education in high schools. *Survey*. June 25, p. 443-444.
- SOLOMON, MAIDA H. Social worker's approach to 'family of the syphilitic. *Hospital Social Service*. June, p. 442-452.
- STODDART, J. The venereal disease problem from a legislative point of view. *Journal of State Medicine*. June, p. 180-188.
- TOBEY, JAMES A. Bibliography of references to health legislation. *Public Health Reports*. August 12, p. 1936-1943.
- TRUSLER, HARRY R. Compulsory sex hygiene and examination. *American Law Journal*. March-April, p. 233-250.
- WEMBRIDGE, ELEANOR R. The emotional battle of childhood. *Association Monthly*. June, p. 220-222.
- WRIGHT, JONATHAN. The views of primitive peoples concerning conception and the puerperium. *American Journal of Obstetrics and Gynecology*. May, p. 884-889.
- ZIMMERMANN, ERNEST L. A comparative study of syphilis in whites and in negroes. *Archives of Dermatology and Syphilology*. July, p. 75-88.

APRIL, 1921

Social Hygiene

Price \$3.00 per year; 75 cents per copy

Entered as second-class matter July 23, 1920, at the postoffice at Menasha, Wisconsin, under the Act of August 24, 1912.

Copyright, 1921, by the American Social Hygiene Association

The American Social Hygiene Association presents the articles printed in SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in SOCIAL HYGIENE does not imply its recommendation by the Association.

SOCIAL HYGIENE is supplied to all members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at seventy-five cents each. Back numbers of SOCIAL HYGIENE are available at seventy-five cents, excepting Volume 1, Nos. 1 and 2, the price of which is one dollar each. Correspondence should be addressed to The American Social Hygiene Association, Inc.

EDITORS: WILLIAM F. SNOW, M. D., KENNETH M. GOULD

BUSINESS MANAGER: FREDERICK H. HITCHCOCK

SOCIAL HYGIENE is published quarterly in January, April, July, and October for the Association by George Banta Publishing Company at 450-454 Ahnaip St., Menasha, Wis.

CONTRIBUTORS TO THIS ISSUE

The present issue of **SOCIAL HYGIENE** has been arranged with the purpose of presenting the educational approach to social hygiene. Each article considers a distinct phase and contributes either information, technique, interpretation, or a program to those who are interested in sex education.

DR. THOMAS WALTON GALLOWAY is widely known wherever a better educational approach to problems of sex is being sought. He was for many years professor of biology in Missouri Valley College, James Millikin University, and Beloit College, and has an established reputation for research and writing in scientific fields. Previous to joining the educational staff of the American Social Hygiene Association, he did work of a similar character with the International Committee of Young Men's Christian Associations. His books on sex for college men and for parents are noteworthy and include: *The Biology of Sex for Parents and Teachers*, *Sex and Life*, and *The Sex Factor in Human Life*.

HARRY A. WEMBRIDGE is at present employment manager of a large manufacturing concern in Cleveland. He is a specialist in sociological and psychological problems, having been director of the Bureau of Social Statistics of New York before entering the army. He served as an officer in the Sanitary Corps, Division of Psychology, and later with the United States Public Health Service in a western hospital. Throughout this varied experience he has had peculiar opportunities for observation of social hygiene conditions.

MISS VIVIAN H. HARRIS is a recent graduate of Simmons College, Boston, where she majored in biology, taking a two-years' course in public health. Her present article is part of a thesis which she prepared while a student. She is now field secretary of the Connecticut Social Hygiene Association and special field agent of the Bureau of Venereal Diseases, Connecticut State Department of Health. She has already presented social hygiene films or lectures in 87 Connecticut high schools and before 15 other organizations, mainly parent-teacher associations, women's clubs, etc., and has engagements for more than 40 other schools. She expects to visit every high school in the state at least once within the present school year.

DR. KARL S. LASHLEY, who collaborated with **DR. JOHN B. WATSON** in the experiment of evaluating social-hygiene films summarized in these pages, received his A.B., M.S., and Ph.D. degrees from West Virginia, Pittsburgh, and Johns Hopkins, respectively. He worked for several years in the Hopkins psychological laboratory, where his chief field of research was animal behavior, and has recently become assistant professor of psychology at the University of Minnesota.

DR. WATSON received his undergraduate training at Furman University and his doctorate in philosophy from the University of Chicago, where for a number of years he was an assistant in experimental psychology. From 1908-20 he was professor of experimental and comparative psychology and director of the psychological laboratory at Johns Hopkins University. He is editor of the *Journal of Experimental Psychology*, has been president of the American Psychological Association, and is now associated with the J. Walter Thompson Company, advertisers, of New York City. Dr. Watson is distinguished on both sides of the Atlantic for his development of the modern behavioristic school of psychology, and has written, among other authoritative works, *Animal Education*, *Behavior*, *Suggestions of Modern Science Concerning Education* (with Jennings, Meyer, and Thomas), and *Psychology from the Standpoint of a Behaviorist*. During the war he served as a major in the Aviation Section of the Signal Corps.

Vol. VII

No. 3

JULY, 1921

Social Hygiene

Price \$3.00 per year; 75 cents per copy

Entered as second-class matter July 23, 1920, at the postoffice at Menasha, Wisconsin,
under the Act of August 24, 1912.

Copyright, 1921, by the American Social Hygiene Association

The American Social Hygiene Association presents the articles printed in SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in SOCIAL HYGIENE does not imply its recommendation by the Association.

SOCIAL HYGIENE is supplied to all members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at seventy-five cents each. Back numbers of SOCIAL HYGIENE are available at seventy-five cents, excepting Volume 1, Nos. 1 and 2, the price of which is one dollar each. Correspondence should be addressed to The American Social Hygiene Association, Inc.

EDITORS: WILLIAM F. SNOW, M. D., KENNETH M. GOULD

BUSINESS MANAGER: FREDERICK H. HITCHCOCK

SOCIAL HYGIENE is published quarterly in January, April, July, and October for the Association by George Banta Publishing Company at 450-454 Ahnaip St., Menasha, Wis.

CONTRIBUTORS TO THIS ISSUE

In recognition of the approaching Second International Congress of Eugenics, to be held in the American Museum of Natural History, New York City, September 22 to 28, 1921, the present issue of *SOCIAL HYGIENE* is devoted largely to the consideration of eugenic questions. Many of the contributors will be prominent figures at the Congress.

ROSWELL H. JOHNSON, professor of geology and oil and gas production in the University of Pittsburgh, and joint author of Popenoe and Johnson's *Applied Eugenics*, has been a previous contributor to *SOCIAL HYGIENE* (Vol. V., No. 2, April, 1919).

MARCELLO BOLDRINI, a well-known scientist of Rome, is honorary vice-secretary of the Italian Society of Genetics and Eugenics. He has conducted extensive research in the social sciences, including statistics, anthropology, and general biology. His paper contains the results of personal investigation into the biological effects of the war on the population of Italy.

ARTHUR H. ESTABROOK, of the staff of the Eugenics Record Office, is widely known for his investigations of various cacogenic families, including the "Nams," the "Jukes" (bringing the pioneer work of Dugdale, 1874, down to 1915), and the "Tribe of Ishmael." He has conducted a statewide survey for the Indiana Commission on Mental Defectives, and during the war served as captain in the Division of Psychology, the work of which he describes.

GEZA VON HOFFMAN, the Hungarian savant, has been active in the eugenics movement of central Europe for many years, though his modesty minimizes his own part in the accompanying article. Formerly a university professor, he has during the period of war and revolution devoted all his energies to the reconstruction of his unhappy country. He holds a responsible post in the Ministry of Foreign Affairs.

BENJAMIN C. GRUENBERG has had a wide experience as educator and biologist. He taught in the Julia Richman High School, New York City, and is the author of *Elementary Biology*, a school text. In collaboration with his wife, Mrs. Sidonie Matzner Gruenberg, he has been one of the founders and guiding spirits of the Federation for Child Study. Recently he has served as liaison officer between the Division of Venereal Diseases, United States Public Health Service, and the American Social Hygiene Association.

HERMAN LUNDBORG, professor of biology in the University of Upsala, Sweden, has devoted all his leisure time to racial research and to popularizing eugenic principles among the Swedish people. He is the author of many books and papers on these subjects, and is a leader of the Swedish Society for Race Hygiene. One of his most notable achievements was the exhibition of 600 photographs of Swedish folk-types, arranged on eugenic principles, held at Stockholm in 1919.

KENNETH M. GOULD is on the editorial staff of *SOCIAL HYGIENE*.

Vol. VII

No. 4

OCTOBER, 1921

Social Hygiene

Price \$3.00 per year; 75 cents per copy

Entered as second-class matter July 23, 1920, at the postoffice at Menasha, Wisconsin,
under the Act of August 24, 1912.

Copyright, 1921, by the American Social Hygiene Association

The American Social Hygiene Association presents the articles printed in SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in SOCIAL HYGIENE does not imply its recommendation by the Association.

SOCIAL HYGIENE is supplied to all members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at seventy-five cents each. Back numbers of SOCIAL HYGIENE are available at seventy-five cents, excepting Volume 1, Nos. 1 and 2, the price of which is one dollar each. Correspondence should be addressed to The American Social Hygiene Association, Inc.

EDITOR: WILLIAM F. SNOW, M. D.

MANAGING EDITOR: KENNETH M. GOULD

SOCIAL HYGIENE is published quarterly in January, April, July, and October for the Association by George Banta Publishing Company at 450-454 Ahnaip St., Menasha, Wis.

CONTRIBUTORS TO THIS ISSUE

The October issue of *SOCIAL HYGIENE* has been planned as a special statistical number. With this in mind, the first instalment of the reports on Municipal Morals Courts has been treated from both the statistical and legal standpoints, while the other contents of the issue discuss various problems of vital statistics in regard to venereal diseases.

The joint authors of the "Morals Court of Chicago" are excellently qualified for research of this nature. **GEORGE E. WORTHINGTON**, who handled the legal aspects of the investigation, has been a previous contributor to *SOCIAL HYGIENE* (October, 1920).

Miss RUTH TOPPING, who collaborates with Mr. Worthington, is field secretary of the Bureau of Social Hygiene. She was formerly assistant to Dr. Katharine B. Davis, general secretary of the Bureau, and devoted much of her time in this capacity to special investigations in the field of social hygiene. Among these was an investigation under the auspices of Inwood House, New York City, to find what was being done in the metropolitan district for the pre-delinquent girl and whether there were any groups of delinquent girls whose needs were inadequately met by existing social agencies. A similar investigation into the problem of the unmarried mother in New York City aimed to discover from the records of maternity wards and other sources how great the problem was, and what facilities exist for dealing with it.

DR. LOUIS I. DUBLIN, co-author of the article on "The Statistics of the Venereal Diseases," is well known to readers of the Quarterly (January, 1920).

Miss MARY AUGUSTA CLARK is a graduate of Mount Holyoke College and received her M. A. degree from Columbia University in education. Previous to coming to the American Social Hygiene Association, she was on the staff of the Scott Company, consulting psychologists, of Philadelphia, and was statistician of the Laboratory of Social Hygiene at Bedford Hills, N. Y.

KNUD STOUMAN was graduated from the University of Copenhagen. He came to America shortly afterwards, and for six years was in charge of the Department of Foreign Statistics of the Prudential Insurance Company. In 1918-19 he was statistician to the American Tuberculosis Commission in Italy, since when he has been chief of the Department of Vital Statistics of the League of Red Cross Societies.

LAWRENCE MARCUS is a graduate of Columbia University who has specialized in psychology and statistics. He served as a lieutenant in the division of psychology, Sanitary Corps, during the war. He was for a time acting director of the Department of Public Information of the American Social Hygiene Association, and is now on the staff of the National Health Council.

RAYMOND S. PATTERSON has been an assistant chief of the Bureau of Venereal Disease Control of the New Jersey State Department of Health for the past two years. He entered upon this work after his discharge from the army, where, as captain in the Sanitary Corps, he had an opportunity to study venereal-disease conditions among the Negro troops. Mr. Patterson is a graduate of Rutgers College, and has spent several years in public-health work of administrative and statistical nature.

Vol. VII

January, 1921

No. 1

Social Hygiene

CONTENTS

What Venereal Diseases Cost the Community	Charles J. MacAllister	1
The Essential Sociological Equipment of Workers with Delinquents	Arthur J. Todd	13
The Social Hygiene Program of the Army	Percy M. Ashburn	23
The American Negro and Social Hygiene	Charles V. Roman	41
Is "Stigma" Removable?	Ada E. Sheffield	49
Colony Care for Isolation and Dependent Cases	Charles Bernstein	55
The Work of the United States Interdepartmental Social Hygiene Board, 1919-20	Thomas A. Storey	59
Book Reviews		77
Abstracts of Periodical Literature		103
Note and Comment		123
Social Hygiene Bibliography		136
Contributors to This Issue		Facing 1

(Continued on Inside Cover Page)

PUBLISHED QUARTERLY

AT MENASHA, WISCONSIN, FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

106 WEST FORTIETH STREET, NEW YORK

CONTENTS

(Continued from Front Cover)

The Medical Advisory Board of the League of Red Cross Societies	22
Galahad, Knight Who Perished. Vachel Lindsay	48

Book Reviews:

Chesterton. <i>The Superstition of Divorce</i>	77
Lowie. <i>Primitive Society</i>	81
Fernald, Hays, and Dawley. <i>Women Delinquents in New York State</i>	83
Goddard. <i>Human Efficiency and Levels of Intelligence</i>	85
Terman. <i>The Intelligence of School Children</i>	87
Hall. <i>Morale: The Supreme Standard of Life and Conduct</i>	88
Low. <i>Psycho-Analysis. A Brief Account of the Freudian Theory</i>	89
Waddle. <i>An Introduction to Child Psychology</i>	90
Warren. <i>Human Psychology</i>	90
Clark. <i>The High School Boy and His Problems</i>	91
Todd. <i>The Scientific Spirit and Social Work</i>	92
Overton and Denno. <i>The Health Officer</i>	93
Veillard. <i>La Prostitution: Étude Critique de Droit Compare</i>	94
Veillard. <i>La Question de L'Avortement</i>	95
Briefer Comment	96

Abstracts of Periodical Literature:

Flexner. <i>William Henry Welch. A Biographical Sketch</i>	103
Darwin. <i>Memorandum on the Consideration of Heredity at the Ministry of Health</i>	104
Love and Davenport. <i>Defects Found in Drafted Men</i>	105
Keegan. <i>The Practicable Ideal of Protection and Care for Children Born out of Wedlock</i>	109
Lasker and Lane. <i>The Freedom of a City. (Grand Rapids Prohibition Survey)</i>	109
Everett. <i>The Cost of Venereal Disease to Industry</i>	112
Gougerot. <i>The Saprophytism of Venereal Organisms and Its Dangers</i>	114
Stokes and Brehmer. <i>Syphilis in Railroad Employees</i>	114
Jeans and Cooke. <i>A Study of the Incidence of Hereditary Syphilis</i>	115
Kraetzer. <i>Syphilis and the Periodic Examination</i>	116
<i>Special Treatment Clinics for Venereal Diseases</i>	117
Vann and Groesbeck. <i>The Prevalence of Venereal Disease in the Dominican Republic</i>	118
Grinberg. <i>The Present Condition of Women and the Progress Realized Since 1913. (France)</i>	120
Döring. <i>Population and the World War</i>	131

Note and Comment:

<i>The Lambeth Conference Report</i>	123
<i>The Social Value of the Study of Sex Psychology</i>	125
<i>New Researches on the Treponema Pallidum</i>	126
<i>Vice Conditions in Shanghai</i>	129
<i>New Publications</i>	131
<i>A Correction</i>	132
<i>The Navy Questionnaire</i>	133

OFFICERS AND DIRECTORS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

Honorary President: CHARLES W. ELIOT

Honorary Vice-Presidents

MRS JANE ADAMS	O. EDWARD JANNEY, M. D.
R. FULTON CUTTING	DAVID STARR JORDAN
NEWTON D. BAKER	JAMES CARDINAL GIBBONS
JULIUS ROSENWALD	WILLIAM H. WEITZ

President: HERMANN M. BIGGS, M. D.

Vice-Presidents

JOHN J. KEDAN	FELIX M. WARBURG
RAY LYMAN WILBUR	

Treasurer: JEROME D. GREENE

Secretary: DONALD B. HOOKER, M. D.

BOARD OF DIRECTORS

THOMAS M. HALLERT	MAURICE A. BIGELOW
PEGGY CARBY, M. D.	MRS HENRY D. DARIN
WILLIAM A. EVANS, M. D.	LIVINGSTON A. FARHANT, M. D.
RAYMOND B. FORDICE	MRS JAMES LEON LAIDLAW
DR. JAMES FENIMORE	ROSCOE POTCH
HENRY JAMES	EDWARD L. KEYS, JR., M. D.
FREDERICK F. RUSSELL, M. D.	WILLIAM F. SNOW, M. D.
ROBERT H. POTTER	GEORGE D. PRATT
FRANCIS J. STODDART, M. D.	WALTER T. SUMNER
HENRY B. YOUNG, M. D.	MRS ANNA GARRISON SPENCER

C. K. A. WINSTON

Executive Committee

EDWARD L. KEYS, JR., M. D.	HENRY JAMES
MAURICE A. BIGELOW	WILLIAM F. SNOW, M. D.
MRS. HENRY D. DARIN	GEORGE D. PRATT
RAYMOND B. FORDICE	CHIEF OF STAFF AND SECRETARY, ex officio

CONTENTS OF VOLUME VI, SOCIAL HYGIENE

January, 1920

Birth Control	Lucius I. Dublin
How Prohibition Came to America	Cora Frances Stoddard
Social Hygiene in France After the War	William Aspenwall Bradley
A Community Program for Protective Work with Girls	Arthur W. Towne
Features of the New Jersey Plan	Herbert W. Cummings
The Women's Court in Its Relation to Venereal Disease	W. Bruce Cobb
Social Work and Neurosyphilis	Maida H. Solomon
The Child's Mind & Its Freud	Benjamin Malaberg

April, 1920

The Social Consequences of Illegitimacy	Percy Gamble Kammerer
The Professional Education of Women and the Family Problem	Eleanor Rowland Wembridge
Some General Aspects of Family Desertion	Walter H. Liebman
The Anti-Vice Movement in California. I. Suppression	Franklin Hichborn
The "Eugene" Marriage Laws of Michigan, Wisconsin, and Indiana	Bernard C. Roloff
The Struggle Against the Venereal Diseases and Prostitution in Switzerland	Natalie Wintach-Makoff
Sex Instruction Through English Literature	Lucy S. Curtiss
Some Early Stages of the Chicago Fight Against Prostitution	A Symposium

July, 1920

Venereal Disease Clinics	E. H. Lewinski-Corwin
The Social Hygienist in the Modern World	Anna Garlin Spencer
Colonies for Mental Defectives	Ethel Anderson Prince
The Anti-Vice Movement in California. II. Rehabilitation	Franklin Hichborn
Venereal Disease in Czechoslovakia	Philip S. Platt
A Workable Plan for Quarantine	Edith Houghton Hooker
Opportunities for Sex Education in English Classes	Louise B. Thompson
The Unadjusted Girl	Carrie Weaver Smith

October, 1920

Human Welfare and the Monogamous Ideal	John M. Cooper
The Effects of Syphilis on the Families of Syphilitics	Harry C. Solomon and Maida H. Solomon
Study Groups	Mary R. Lohman
Eugenic Sterilization in the United States	Harry H. Laughlin
The Motion Picture and the Upbuilding of Community Life	Orna G. Cooke
Your Daughter's Mother	Ruth Kimball Gardiner
Developments in Social Hygiene Legislation from 1917 to September, 1920	George E. Worthington

Social Hygiene

CONTENTS

The Responsibilities of Religious Leaders in Sex Education	Thomas W. Goddaway . . .	139
A New Emphasis in Social Hygiene Education	Harry A. Wembridge . . .	159
The Status of Sex Education in Public Educational Institutions	Vivian H. Harris	167
A Psychological Study of Motion Pictures in Relation to Venereal Disease Campaigns	Karl S. Lashley and John B. Watson	181
Book Reviews		220
Abstracts of Periodical Literature		239
Notes and Comment		246
Social Hygiene Bibliography		253
Contributions to the Literature	Facing	139

(Continued on Inside Cover Page)

PUBLISHED QUARTERLY
AT MENASHA, WISCONSIN, FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL OFFICES
570 SEVENTH AVENUE, NEW YORK

(Continued from First Column)

James Cardinal Gibbons, 1834-1905	138
The Vocational Imperative, Phileas F. Clayton	100

Book Reviews:

Stepes: Kindert Mütterhood	220
Hirsch: Fruchtbarkeit und Präventivverkehr in Zusammenhang mit dem Geburtenrückgang	221
Hirsch: Über das Fragenstudium	221
Pappitz: Einführung in das Studium der Prostitutionfrage	221
Marack: Das Geschlechtsleben der Hysterischen	221
Krich: E. H. Die Sexuelle Entfremdung der Frau	221
Krich: P. Menschenkenntnis	221
Kriegel: Peters, Hanshard: Catalogue de l'enseignement	221
Land: The New Psychology and Its Relation to Life	221
Triller: Psychodynamik und Verhalten	221
Wood: The Psychology of Dreams	221
Lay: Man's Locomotor Power	221
Hilgenboth: The Psychology of Subnormal Children	221
Usher: The Food of the Future	221
Kewell: Empiricism and Sex Factors in	221
Waring: Psychology and Human Psychology	221
Hornalt: Teaching Psychology in America	221
Thurman: Psychology, The History of a Mind	221
Thurman: Psychology, The History of a Mind	221

Abstracts of Periodical Literature:

Camphell: The Classification of Children and Parents	219
Davenport: Heredity of Constitutional Mental Disorders	233
Starkent: Has Population Increased Drug Abuse? ¹²	240
Thurston: Suicide as a Cause of Insanity	259
Smith: The Adolescent, Teen, & A New Problem in Psychiatry	261
Gallup: Psychiatry Needs the Social	261
Hart: The Present Situation of Venereal Disease Control	267
Coker: New Legislation for the Control of Venereal Diseases	268

Notes and Correspondence

Vol. VII

July, 1921

No.

Social Hygiene

CONTENTS

The Distribution of Wealth as a Eugenist Sees It	Rowell H. Johnson	2
Some Diogenical Effects of the War in Italy	Matteolo Boldroni	2
The Biological Bearing of Army Mental Tests	Arthur H. Estabrook	2
Eugenics in the Central Empires since 1914	Gesa von Hoffmann	2
Society Becoming Self-Conscious	Benjamin C. Gruenberg	2
The Sine of Industry against the Race	Herman Lundborg	2
Progress, 1910-1921	Kenneth M. Gould	2
Book Reviews		2
Abstracts of Periodical Literature		2
Note and Comment		2
Social Hygiene Bibliography		2
Contributors to This Issue		Facing 2

(Continued on Inside Cover Page)

PUBLISHED QUARTERLY
AT MENASHA, WISCONSIN, FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL OFFICES
970 SEVENTH AVENUE, NEW YORK

CONTENTS

1934-1935

The Hospitals and Venereal Diseases	112
-------------------------------------	-----

Book Reviews:

Herbert: Fundamentals of Social Ethics	124
Dunlap: Mysticism, Fundamentalism, and Scientific Psychology	126
Galloway: The Sex Factor in Human Life	128
Kronk: A Clinical Approach to Sex Pathology	130
Poduck: American Police Systems	130
Clark: The Control of Sex Infections	131
Hutner: Disorders of the Sexual Function	132
Sheffield: The Sexual Life History	133
Waller: Comment	134
Books Received	135

Abstracts of Periodical Literature

Cape: Foreign-born Venereologists	137
Bell: Is Bacteriology Dead?	137
The Eugenic Value of the Social Center	139
Wheeler: Foreign-born Prostitutes in England	139
Lewis: Controlling Ideals that's Healthful Means Welfare	140
Ellis: The Place of Sex in Sex	140
Ellis: Prejudice and the Social Hygiene in America	140
The Black Troops of the Future	140
Stokes: Public Health Activities and Private Practice in Venereal Disease Control	142
Are There More Strains than One of Syphilis in America?	143
En. News Growth and Development of the Venereal Disease	143

Note and Comment:

Green: The Sex Statistic and the Venereal Disease	147
The Future in Venereal Disease	146
Waller: Comment	147
International Congresses	147

Social Hygiene

CONTENTS

A Study of Specialized Courts Dealing with Sex Delinquency L. The Morals Court of Chicago	George E. Worthington and Ruth Topping	181
A Program for the Statistics of the Venereal Diseases	Louis I. Dublin and Mary Augusta Clark	411
International Venereal-Disease Statistics	Knud Stenman	418
The Present Prevalence of Venereal Diseases	Lawrence Marcus	441
Age, Sex, and Marriage in Relation to Incidence	Raymond S. Patterson	457
Book Reviews		466
Abstracts of Periodical Literature		471
Note and Comment		478
Social Hygiene Bibliography		487
Contributors to This Issue		Facing 491

(Continued on Inside Cover Page)

PUBLISHED QUARTERLY
AT MENASHA, WISCONSIN, FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL OFFICES
370 SEVENTH AVENUE, NEW YORK

CONTENTS

(Continued from Front Cover)

High Lights in Note and Comment.....	412
--------------------------------------	-----

Book Reviews:

Stowell. Sex: for Parents and Teachers.....	464
Burnham. The Community Health Problem.....	465
McCoid. Husbands and Wives.....	466
Friedman. America and the New Era.....	467
Briefer Comment.....	469
Books Received.....	470

Abstracts of Periodical Literature:

Sex Education in High Schools.....	471
Laughlin. The Socially Inadequate: How Shall We Designate and Sort Them?.....	472
Cook. English and Foreign Law in Relation to Mental Disorder.....	472
Kenworthy. The Mental Hygiene Aspects of Illegitimacy.....	473
McCord and Minster. The Pregnant Woman in Industry.....	474
Meyer. The Frequency and Cause of Abortion.....	475
Gougerot. The Antivenereal Campaign: Education of Educators.....	475
Solomon. The Social Worker's Approach to the Family of the Syphilitic.....	476
Hata. On the Ravages of Congenital Syphilis and Its Prevention.....	477

Note and Comment:

North European Conference.....	478
International Conference on Traffic in Women and Children.....	480
E. F. Benson on Sex Education for Schoolboys.....	484

OFFICERS AND DIRECTORS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

Honorary President: CHARLES W. ELIOT

Honorary Vice-Presidents

MISS JANE ADDAMS

NEWTON D. BAKER

R. FULTON CUTTING

JAMES CARDINAL GIBBONS*

O. EDWARD JANNEY, M. D.

DAVID STARR JORDAN

JULIUS ROSENWALD

WILLIAM H. WELCH

President: HERMANN M. BIGGS, M. D.

Vice-Presidents

JOHN J. EAGAN

FELIX M. WARBURG

RAY LYMAN WILBUR, M. D.

Treasurer: JEROME D. GREENE

Secretary: DONALD R. HOOKER, M. D.

BOARD OF DIRECTORS

THOMAS M. BALLIET

MAURICE A. BIGELOW

HUGH CABOT, M. D.

MRS. HENRY D. DAKIN

WILLIAM A. EVANS, M. D.

LIVINGSTON A. FARRAND, M. D.

RAYMOND B. FOSDICK

HENRY JAMES

EDWARD L. KEYES, JR., M. D.

MRS. JAMES LEES LAIDLAW

JAMES PEDERSEN, M. D.

ROCKWELL H. POTTER

ROSCOE POUND

GEORGE D. PRATT

FREDERICK F. RUSSELL, M. D.

WILLIAM F. SNOW, M. D.

MRS. ANNA GARLIN SPENCER

FRANCES J. STODDART, M. D.

WALTER T. SUMNER

C.-E. A. WINSLOW

HUGH H. YOUNG, M. D.

Executive Committee

EDWARD L. KEYES, JR., M. D.

MAURICE A. BIGELOW

MRS. HENRY D. DAKIN

RAYMOND B. FOSDICK

HENRY JAMES

GEORGE D. PRATT

WILLIAM F. SNOW, M. D.

PRESIDENT and SECRETARY, *ex officio*

* Deceased

CONTENTS OF RECENT NUMBERS, SOCIAL HYGIENE

October, 1920

Human Welfare and the Monogamous Ideal.....	John M. Cooper
The Effects of Syphilis on the Families of Syphilitics	
.....	Harry C. Solomon and Maida H. Solomon
Study Groups.....	Mary R. Lakeman
Eugenical Sterilization in the United States.....	Harry H. Laughlin
The Motion Picture and the Upbuilding of Community Life.....	Orrin G. Cocks
Your Daughter's Mother.....	Ruth Kimball Gardiner
Developments in Social Hygiene Legislation from 1917 to September, 1920	
.....	George E. Worthington

January, 1921

What Venereal Diseases Cost the Community.....	Charles J. MacAlister
The Essential Sociological Equipment of Workers with Delinquents.....	Arthur J. Todd
The Social Hygiene Program of the Army.....	Percy M. Ashburn
The American Negro and Social Hygiene.....	Charles V. Roman
Is "Stigma" Removable?.....	Ada E. Sheffield
Colony Care for Isolation and Dependent Cases.....	Charles Bernstein
The Work of the United States Interdepartmental Social Hygiene Board, 1919-20	
.....	Thomas A. Storey

April, 1921

The Responsibilities of Religious Leaders in Sex Education.....	Thomas W. Galloway
A New Emphasis in Social Hygiene Education.....	Harry A. Wembridge
The Status of Sex Education in Public Educational Institutions.....	Vivian H. Harris
A Psychological Study of Motion Pictures in Relation to Venereal Disease Cam-	
paigns.....	Karl S. Lashley and John B. Watson

July, 1921

The Distribution of Wealth as a Eugenist Sees It.....	Roswell H. Johnson
Some Dysgenical Effects of the War in Italy.....	Marcello Boldrini
The Biological Bearing of Army Mental Tests.....	Arthur H. Estabrook
Eugenics in the Central Empires since 1914.....	Geza von Hoffmann
Society Becoming Self-Conscious.....	Benjamin C. Gruenberg
The Sins of Industry against the Race.....	Herman Lundborg
Progress, 1920-1921.....	Kenneth M. Gould

[illegible][illegible][illegible]



